

**The New Jersey Coalition Against Sexual Assault on behalf of
the Research the Needs Committee of the Governor's Advisory
Council Against Sexual Violence presents:**

**Sexual Victimization of Underserved and Understudied
Populations**

by

**Michelle L. Meloy
Rutgers University
Camden, NJ
© 2008**

This publication was supported by Department of Community Affairs' Division on Women grant funds and its contents are solely the responsibility of the author and do not necessarily represent the official views of the Division on Women.

CONTENTS

| | |
|--|-----------------|
| Acknowledgements | page 3 |
| Abstract | page 4 |
| Executive Summary | page 5 |
| Sexual victimization against physically impaired populations | page 8 |
| Sexual victimization against cognitively impaired individuals | page 22 |
| Sexual victimization of male victims | page 34 |
| Sexual victimization against elderly persons | page 44 |
| Sexual victimization against lesbians, gays, bisexuals, and transgendered individuals | page 55 |
| Sexual victimization occurring in prisons | page 69 |
| Sexual victimization against cultural, ethnic, and racial minorities, and immigrants | page 83 |
| Sexual victimization against trafficked individuals and sex workers | page 100 |
| Appendix A – Exhaustive list of indexes and databases | page 114 |
| Works Cited | page 116 |

ACKNOWLEDGEMENTS

This project's origination was part of the New Jersey Governor's Advisory Council Against Sexual Violence, Research the Needs Committee. The Committee collectively identified the underserved or understudied victims researched for this report. I recognize and express my deepest gratitude to the Violence Against Women Division of the New Jersey Department of Community Affairs for supporting this project and the New Jersey Coalition Against Sexual Assault (NJCASA) for generously funding the final research assistance necessary to complete this report. In addition, several committee members, and others, deserve specific mention for reviewing chapters, or providing other assistance, that proved critical to bringing this work to closure: Patricia Barahona, Tracy Francese, Melanie Griffin, Jennifer Hamill, Robert Harbold, Lorna Hines-Cunningham, Stephen Oreski, Cecily Ouimet, Juan Santiago, Jennifer Schneider, Georgia D. Scott, J.C. Williams, and especially Kristin Curtis and Melissa Nazario. Finally, I extend a heart felt thank-you to the following Rutgers' students whose work and commitment made this report possible: Brittany Bishop, Shareda Coleman, Michael Longo, Beth McConnell, Shannon Paradise, Andrew "Pete" Paolini, and Kristin Tecza. Their dedication to scholarship, compassion for victims, and pursuit of social justice are an inspiration and helped give a voice to victims who typically have none.

ABSTRACT

This investigation focuses on the pervasiveness, victim-offender-relationship, physical, emotional or unique consequences associated with sexual victimization against the most vulnerable, underserved, and understudied victims, identified as: sexual assaults against physically, cognitively or emotionally impaired persons, males, elders, sexual minorities, prisoners, cultural, ethnic, and racial and immigrants, and sex workers. The populations discussed in the following pages have little in common with one another, other than their increased vulnerability to sexual victimization, their social invisibility as rape survivors, and the inadequate response by official systems (e.g., criminal justice, medical, and social service). Each chapter focuses on a single victim typology and concludes with a comprehensive summary of best practices for the individuals, systems, and agencies most likely to encounter sexual assault survivors and the challenging issues presented therein.

EXECUTIVE SUMMARY

This report is generated as part of the Action Plan for the New Jersey Governor's Advisory Council Against Sexual Violence. The Research the Needs Committee identified the special needs populations covered herein. Towards that end, committee members identified eight special populations that are sexually victimized within the State of New Jersey and nationally: physically disabled victims; cognitively impaired victims; victims of male rape; victims of elder abuse; sexual minorities; prison rape victims; cultural, ethnic, and racial minorities and immigrants; and sex trafficking and exploitation of sex workers.

In terms of methodology, an extensive and interdisciplinary literature search (See Appendix A for a complete list of databases) was conducted by this author and Rutgers University research assistants. The searches were originally performed between January-May of 2005. Subsequent searches were conducted in 2007 and 2008 in attempts to capture previously missed documents and locate newer publications. When appropriate, regional, national, and other types of online sources were accessed for additional, non peer-reviewed publications and information. All of these sources are indicated in the narrative, footnotes, or the works cited list.

In addition to exploring published materials and empirical data the author and Committee members reached out to leading experts within the state. Given that inclusion criteria of this investigation was that populations of sex crime victims were "understudied or underserved" the task of comprehensively studying them was, at times, challenging. To illustrate, there was such a dearth of information on sexual assaults among physically or cognitively impaired populations, and elder victims or LGBT rape survivors that the chapters had to be amended to include other forms of physical violence.

The organization of chapters is consistent across populations. Each begins with an **introduction** which provides an overview of the chapter's ignored and/or understudied population. Second, **prevalence** rates are discussed in addition to specific methodological constraints such as the difficulty in obtaining samples, measurement complications, and distinct reasons for victim underreporting. The third section addresses **victim-offender relationships** most common for the specific victimization under review. Fourth, the long and short-term **consequences** associated with each sexual assault typology are reviewed. Fifth, a **special issues** section serves as a "catch all" for illuminating unique issues associated with the victimization of a particular classification of victim. Next, each chapter covers the **criminal justice and other systems' responses** to the victimization of the population under review. Finally, a **policy recommendation** section is based upon the aforementioned findings. In summary, outcomes indicate that, for a myriad of reasons, the populations discussed in this report are at an increased risk to rape and sexual assault compared with their similarly situated counterparts. Furthermore, most of these survivors knew their perpetrator prior to the victimization and suffered from the oft-cited consequences associated with sexual assault and additional negative outcomes associated with their respective situations or constraints (i.e., physical limitations, heterosexist society, prison setting, immigration status, etc). Irrespective of the population under review, the response by law enforcement, the judicial system, and practitioners was determined, at best, to be underdeveloped and, at worst, non-existent.

The study was conducted by Dr. Michelle L. Meloy, an Associate Professor of Criminology at Rutgers University—Camden. Research support was provided by numerous Rutgers' students. This report is submitted to the Governor of New Jersey and the New Jersey Coalition Against Sexual Assault (NJCASA) with the hope that it be utilized to increase sexual

assault awareness of atypical victims and improve criminal justice, judicial, and social service responses for these victims within the State of New Jersey.

Chapter one: Sexual victimization against physically impaired populations*

Research has barely begun to address whether women with specific disabilities seek help after being victimized, who they seek help from, and how service providers and law enforcement officials can be most responsive to their needs. A [victim's] ability to recognize her experience as abusive, seek help, protect herself, remove herself from the abusive situation, or discover some other way to resolve the abuse are all very much affected by her disability and the limitations imposed by barriers in her environment (Nosek, 2001, as cited in Obinna, Krueger, Osterbaan, Sadusky, & DeVore, 2005, p. 10).

Introduction

There are approximately 54 million Americans living with a variety of physical, cognitive, and emotional disabilities (Tyiska, 1998). Although we have limited information on the extent to which physically impaired populations are physically and/or sexually victimized, best estimates suggest that prevalence is high among all groups. Sadly, violent victimization against the disabled is not widely recognized as a serious social problem, in part, because of the larger invisibility of the population and the “dark figure” of sexual violence in general. Although academics and other stakeholders are now more attentive to the risks and harms associated with sex crimes involving disabled populations, a lack of research focusing on their rape and sexual assault is still a problem. This condition makes it difficult to reach meaningful conclusions about incidence, causes, and plausible interventions. Despite these obstacles, this chapter explores what limited research is available in hopes of better understanding this crime and how to best respond.

Prevalence

For a variety of reasons, exact numbers regarding the pervasiveness of sexual violence against individuals with severe physical limitations or challenges are not available. One of the reasons for this is that traditionally the Uniform Crime Reports (UCR) and the National Crime Victimization Survey (NCVS), the two largest governmental crime data sources, were not

* The author thanks Melanie Griffin for reviewing this chapter and Kristin Curtis for research assistance.

required to collect information on victimizations of disabled individuals (Petersilia, Foote, & Crowell, 2001). The Crime Victims with Disabilities Awareness Act (1998) now mandates a victim's disability status be included in NCVS data (P.L. 105-301).

Until this change, the only data available was limited to investigations comprised of small sample sizes, conducted by independent researchers at different locations and different types of institutions. One of the many complications in establishing accurate prevalence rates among physically impaired populations are collapsed sampling. This involves combining individuals with many types of disabilities into one sample. If disaggregation of the sample occurs, researchers are often left with too few cases to analyze. In order to increase the size of research samples broad definitions of abuse, rather than an exploration of singular crime-types such as rape, are often used. For instance, respondents may be asked "Have you ever been the victim of a violent crime such as, sexual assault, attempted sexual assault, and physical battery, assault with a deadly weapon, robbery, or domestic violence?" It is clear how the wording of such a question would increase affirmative responses, but it only teaches us about violent victimizations at the macro-level. Similarly, it is common for researchers to gather data on all acts of known violence that occurred at "X" facility or in "Y's" medical practice (reported and unreported) because underreporting to officials is so pervasive that these numbers are gross under representations of the frequency of abuse. These methodological constraints make comparisons across studies and specific to any one disability type, nearly impossible.

As a matter of fact, only about 20 percent of sexual victimization against individuals with any type of disability or significant physical challenge is reported to the police, community service agencies, or other authorities (Family Violence Against Women with Disabilities, 1992). Underreporting by sexual assault survivors (disabled or non-disabled) occurs for numerous

reasons not the least of which are that victims tend to feel shame about what happened as well as embarrassment, guilt, and confusion. Victims, especially rape victims, are also reluctant to tell others for fear of ‘victim-blaming.’ Simply completing the act of official notification may prove burdensome for some victims with physical disabilities such as Deaf persons who often must rely on interpreters or other services to communicate with hearing persons (Obinna et al., 2005).

Despite numerous obstacles, there are general prevalence indicators regarding the risk of sexual victimization among disabled populations. For instance, much of the extant literature reflects an equally high, or increased, violent victimization rate for disabled populations when compared to the general public (Marge, 2003; Nosek, Hughes, Taylor, & Howland, 2004; Sells, Rowe, Fisk, & Davidson, 2003; Sobsey, 1994). A national study compared prevalence rates of emotional, physical, and sexual abuse among physically disabled and non-disabled adult females and found that disabled women have victimization rates that match, or exceed, women without disabilities (Nosek et al., 2001/2004). Another work suggests that women with physical disabilities are 1.3 times more likely to have experienced sexual abuse in their lifetimes, compared to women who do not define themselves as physically impaired (Sobsey, 1997).¹ The highest sexual victimization prevalence estimates for women identified as disabled (see Stimpson & Best, 1991) indicate that over 8 in 10 of these women will be sexually assaulted in their lifetime (as cited in Obinna et al. 2005). Not only are disabled women at high risk for physical and sexual violence, they tend to suffer abuse for longer periods of time, and are assaulted by a wider range of perpetrators than non-impaired women (see Marge, 2003; Nosek et al., 2004; Young, Nosek, Howland, Changpong, & Rintala, 1997). Children with significant physical challenges or limitations are similarly at-risk. By some accounts 35.5 out of 1,000 disabled

¹ The lifetime prevalence rate of sexual victimization for American women in the general public is estimated to be 17.6 percent (Tjaden & Thoennes, 2000).

children are sexually victimized compared to 21.3 out of 1,000 non-disabled youth (Marge, 2003). Furthermore, within a five year period of observation, nearly 70 percent of hospitalized disabled children were sexually assaulted (Marge, 2003). Extant literature on Deaf persons suggests that both males and females have increased risks of childhood sexual abuse than children who were not hard of hearing (Sullivan, Vernon, & Scanlan, 1987). An attempt to quantify these increased risks suggests that as many as 1 in 2 Deaf persons were sexually abused prior to reaching adulthood compared with 1 in 4 hearing women and 1 in 10 hearing males (see Sullivan et al., 1987).

Feminist theory attributes the overall high prevalence rates of sexual victimization against females to a generalized devaluation of women that serves to “keep them in their place” and maintain their social, political, and economic inferiority to (White) men (Brownmiller, 1975, Clark & Lewis, 1977; Griffin, 1979; Hanmer & Maynard, 1987; Lipman-Blumen, 1984).² As a group, disabled persons (much like women in general) are also often devalued in our culture and may further explain the higher risk (yet relative invisibility) of violent victimization among individuals with physical disabilities.

Victim-Offender Relationship

Although scientific queries into the matter are sparse, the available data suggests that sexual victimization of the physically disabled has many similarities with sexual assaults among non-disabled persons. One of these patterns pertains to the victim-offender relationship; physically disabled adults and children are most likely to be victimized by someone they know

² Although males are also sexually victimized, official data demonstrates that females are overwhelmingly the victims of sex crimes and males are predominately the perpetrators (Bureau of Justice Statistics, 2006). No research was located that speaks directly to the gendered breakdown of this victimization type among the physically impaired, but it is safe to assume that physically disabled men are at greater risk of sexual and physical violence than their non-disabled counterparts, but less vulnerable than disabled women and children.

and trust (Marge, 2003) which resembles other populations of victims (Bureau of Justice Statistics, 2006). An example of this most common victim-offender relationship (relative, partner, or acquaintance) is discussed by a survivor in a focus group examining sexual assault among the physically disabled,

...I was sexually abused. One was my mother's boyfriend. Actually, I think two was [sic] my mother's boyfriends. My mother didn't want to believe me, either, but, I was...one of her ex-boyfriends sexually abused me. He, like, he asked me to do it with him, and he...I didn't want to...That's, um, what, what, [X] was saying before, that's called rape... (West, Gandhi, & Palermo, 2007, Sexual Abuse, ¶ 3).

To reiterate, the perpetrator of violence against a disabled person is, as with children, often the victim's caregiver or family member (See Marge, 2003; Nosek et al., 2004; Snyder, 2000). A national sample of physically impaired abused women indicated that the most likely assailant is an intimate partner (Nosek & Howland, 1997; Nosek et al., 2004; Young et al., 1997), a pattern replicated in the public-at-large. However, given the closeness and/or caregiving role of most perpetrators, disabled individuals have fewer escape options than non-disabled victims of physical and sexual violence. Unfortunately, not only do Deaf victims' face risks of sexual victimization by known persons, they are likely to encounter additional barriers when this situation occurs. "Deaf women cannot necessarily count on the larger Deaf community to be supportive, particularly if the victim and perpetrator are Deaf..." (Sadusky & Obinna, 2002, as cited in Obinna et al., 2005, p. 12). Communities of disenfranchised members often feel protective of one another and want to prevent further persecution and ostracization by outside forces like law enforcement, etc. These patterns were also discovered in sexual victimization research within gay-lesbian-bisexual-transgender populations and are discussed in chapter five.

Consequences

In general, sexual victimization is associated with a multitude of long and short-term physical and emotional consequences, including STD's (sexually transmitted diseases), pelvic inflammatory disease, headaches, backaches, skin disorders, stress, chronic anxiety, depression, sleep and eating disorders, PTSD (Post-Traumatic Stress Disorder), and even death.³ Victims of sexual violence with pre-existing physical health conditions, such as the physically impaired are also susceptible to other harms. More specifically, physically disabled persons are twice as likely to be bedridden after a sexual victimization compared to their non-abused disabled counterparts (Golding, 1996). It is likely that sexual assault is more injurious to physically disabled persons because of their pre-existing health condition.

Because many of the physical and emotional consequences typically associated with sexual victimization are often already in existence among physically disabled individuals, detection of the abuse is more difficult. Thus, medical personnel frequently miss signs of abuse attributing them to the underlying disability when in fact they were the result of sexual abuse (Nosek et al., 2004). Additionally, because they are already stigmatized due to their physical difference, disabled survivors of sexual assaults suffer more shame, embarrassment, and guilt for what happened than rape survivors in the general population (Nosek et al., 2004).

Sexual victimization can further restrict the daily activities of an already compromised group. As noted previously victims of sexual assault, disabled or not, often feel frightened, embarrassed, and socially isolated. In the case of individuals with physical impairments, this withdrawal can lead to further dependence upon others to meet their basic needs, which may

³ For further information on this subject see Briere & Runtz, 1988; Browne & Finkelhor, 1986; Karmen, 2006; Nosek et al., 2004; Nosek et al., 2001.

inadvertently place them at enhanced risk of further victimization, since caregivers are often the perpetrators of abuse.

Special Issues

Physically challenged populations are vulnerable to sexual attacks, in part, because they have inadequate self-defense skills and because they are often dependent on the perpetrator for daily survival. Additionally, they may perceive the sexual abuse as “the price they pay” for assistance by their caretaker. After many years of research, Nosek and colleagues (2001, p. 177) concluded that “disability is not a protective factor against abuse; indeed, it often serves to reduce a woman’s emotional and physical defenses.” Depending upon the impairment, some disabled persons are at increased risk of inappropriate sexual touching by others as it is easy for offenders to fondle and otherwise assault victims while they assist them in getting bathed, dressed, undressed, etc. Furthermore, research suggests that women with physical limitations are less aware of healthy boundaries and in fact know little about their own sexual preferences, believing that abstinence or sexual assaults may be their only sexual options (Womendez & Schneiderman, 1991). This lack of knowledge and perception of limited sexual opportunities enhances victimization risks and negatively affects victim reporting when a crime occurs. Research on Deaf victims of sexual assault identified under-education on issues pertaining to sex, sexuality, and sexual victimization as risk factors for abuse. The assessment of the shortfalls of educating the Deaf community is likely to be similar in other populations of physically challenged persons.

Among the Deaf population, there are many factors influencing the lack of knowledge regarding sexuality. Insufficient opportunities to acquire information, parental reluctance to provide sexuality education, inadequate school-based instruction, and misinformation from peers are often investigated for the role they play in the transfer of sexual

knowledge to Deaf adolescents and adults (Job, 2004, as cited in Obinna et al., 2005, p. 21).

Medical and residential settings are intimidating and further restrict potential victims' escape options by limiting their avenues for mobility (removing their wheelchair or other aids) and taking advantage of the victim's physical needs or weaknesses. In a study involving 429 women with physical disabilities, some reported egregious sexual violations by medical personnel, "At the clinic my neurologist once made me take all my clothes off and began fondling me." Another respondent indicated, "The (doctor) told me he had to put his finger in my vagina to be sure the (artificial) leg fit right" (Nosek et al., 2001, p. 185). What's more the risk of sexual victimization seems to increase as the level of impairment increases, suggesting the most dependent and vulnerable individuals are at the greatest risk for sexual harm (Marge, 2003). The linear relationship between vulnerability and abuse is also a noted pattern in child sexual abuse (Snyder, 2000). Furthermore, the victimization of a physically impaired individual exacerbates any pre-existing negative feelings they have about themselves and their disability. If investigators or medical personnel are not sensitive to the underlying stigma with which many persons with disabilities already live, these special needs victims are less likely to report the abuse, or cooperate with authorities.

Finally, data suggests that sexual victimization of disabled persons generally leads to a host of secondary physical conditions and emotional traumas (Nosek et al., 2004). Deaf female victims of sexual assault seem to suffer from "profound isolation" after a sexual attack in addition to encountering significant obstacles if they reach out for help, in part, because the Deaf community is an insular and closed populace which "posses more rigid values, stereotypes, and social dictates than in mainstream hearing culture" (Williams & Abeles, 2004, as cited in Obinna

et al., 2005, p. 12). Furthermore, social services are typically hard to come by for Deaf sexual assault survivors. The lack of ‘insider’ community support for Deaf rape victims is unremarkable in that attempts to report the victimization may be interpreted by other Deaf persons as airing dirty laundry to outsiders (Obinna et al., 2005, p. 7). Similar findings were revealed in other maligned populations of rape survivors such as sexual minorities and cultural, ethnic, and racial minorities, and immigrants (see Chapters five and seven, respectively).

Criminal Justice and Other Systems’ Responses

Professionals who encounter disabled victims of crime oftentimes do not understand their special needs and challenges (The Roeher Institute, 1994). Limited training and sparse resources are available to assist investigators, court personnel, and victim advocates who encounter physically disabled survivors of sexual abuse. Disabled victims of crime experience impatience and hostility in conjunction with feeling ostracized and unvalued by a culture that does not respect their difference. Furthermore, individuals with disabilities “get dismissed because people don’t have patience,” said one focus group participant (West & Gandhi, 2006, Findings ¶ 12). Another participant stated, “...Sometimes I think when I say something I feel like I’m being singled out. They think I’m talking through my head or something” (West & Gandhi, 2006, Findings ¶ 12). In addition, services that are currently in place such as text telephone (TTY) to assist the Deaf in communicating with hearing persons appear to be under-utilized by the criminal justice system (see Obinna et al., 2005) and facilities designed to support rape victims are not always accessible to physically-challenged victims (The Roeher Institute, 1994).

Focus groups comprised of Deaf women revealed that many face tremendous barriers when reaching out for help, not the least of which was a shortage of victim-services or law enforcement officers aware of the complexities of dealing with crime victims from the Deaf

community. Furthermore, police departments and courts were not adequately staffed with translators or those trained in ASL (American Sign Language) (see Obinna et al., 2005). For instance, research investigating the needs of Deaf victims of sexual assault uncovered that responding police officers have to be creative when communicating with Deaf rape victims. For instance, the police will use children to interpret or write notes back and forth to the victim. As one respondent noted (Obinna et al., 2005, p. 73),

The street cops are aware that if they run into a situation where somebody is Deaf...if it's after hours they will write notes because they don't know how to get a hold of an interpreter...[they] also ...don't necessarily want to...just because of the time constraints and handling phone calls...Where [sic] they are not making an arrest, they probably won't ask [for an interpreter], because it is so difficult, and time consuming to get an interpreter there.

Even when these services are available additional barriers exist. For instance, the use of translators and/or ASL interpreters introduces another layer of story-telling and expands the circle of persons privy to this intensely personal information. There is also an issue of how descriptions of sexual acts and abuses are actually conveyed in the communication process. As one victim service provider to the Deaf states (Obinna et al., 2005, p. 59),

...Signing is essentially a language of its own, it's not English...it can't translate necessarily to perfect English speaking and that was difficult sometimes when you didn't know how you would ask a question...You couldn't get the communication that you were necessarily looking for and it wasn't fair to them [victims], either....

Research suggests that criminal justice practitioners and victim-service providers are often insensitive to the additional physical and emotional burdens placed on physically impaired

crime victims (The Roeher Institute, 1994). Currently, the lack of translators and existing protocols mandating interviews occur in designated locations which are believed to contribute to the underreporting of sexual victimization occurring against physically challenged persons. In essence, the criminal justice system and supporting agencies have not served the disabled community effectively or with enough consideration and sensitivity to their special needs.

Policy Recommendations

Individuals with physical and mental disabilities exist outside the narrow ideal of normalcy, and are often excluded from mainstream society (Goffman, 1963). Disenfranchised persons can easily become invisible to policymakers, criminal justice officials and even social service providers. Every attempt should be made to guard against this. The sexual victimization of all victims, including impaired populations, needs to be destigmatized as to increase reporting. Law enforcement, social and human service agencies, caregivers, educators, community outreach workers, and others who have frequent contact with physically disabled populations should be educated on sexual victimization within disabled populations. Subsequently, these individuals and agencies should enact policies and mandates to encourage accurate reporting of sexual violence by supporting survivors in appropriate ways, including helping them obtain legal assistance and restraining orders, and supporting appropriate prosecution. Outreach programs, workers and shelters should be accessible to physically impaired victims and should keep records regarding the percentage of women with disabilities who utilize their services.

A Baylor College of Medicine investigation into policy related issues for abused women with disabilities concluded that many existing programs and shelters face architectural obstacles and attitudinal hurdles and therefore cannot adequately meet the needs of physically impaired

crime victims.⁴ They note that crime victims with a disability may be unable to access emergency services if the shelters and victim advocates cannot accommodate them; for example, assistance with activities of daily living, transportation and personal mobility, or equipment and resources to meet the communication needs of a Deaf rape survivor. Furthermore, the Center for Research on Women with Disabilities (n.d.) reported that the social service agencies assigned to protect disabled children and adults from abuse are often overwhelmed and unresponsive due to excessive workloads and a lack of available resources. Agency funding and staff training should be prioritized so that disabled crime victims get the necessary support to recover and remain out of harm's way.⁵

Some activists recommend self-help groups for disabled rape survivors and others at high risk for assault. These self-help programs generally include education about sex, sexuality, and sexual abuse prevention as well as proper ways to report sexual abuse (see Lumley & Miltenburger, 1997; Obinna et al., 2005; Schor, 1987). Children with physical and cognitive disabilities could benefit from self-help groups as well; their stories of abuse could serve to educate others and could provide solace to those who have been abused. Including them in this way could minimize the stigma surrounding disabilities and provide a neutral, non-judgmental arena to accommodate counseling. Furthermore, research suggests that law enforcement, court personnel, and victim service providers should be trained in the use of TTY and access to interpreters and signers for the Deaf should be expanded (Obinna et al., 2005).

⁴ For additional information please visit <http://www.bcm.edu/crowd/?pmid=1410#4>.

⁵ Please see Violence Against Women with Disabilities--Fact Sheet #2: Policy Issues and Recommendations which can be accessed via <http://www.bcm.edu/crowd/?pmid=1410#4> for further information.

Another recommendation to reduce victimization among disabled populations is to implement a national plan to eradicate sexual violence in general.⁶ A change of this magnitude requires ideological shifts in how women, disabled persons, and other marginalized populations are viewed and treated in our culture and macro-level structural changes aimed at prioritizing and encouraging an end to widespread sexual violence. A lofty goal to be sure. The eradication of what many call an “American rape culture” (see Buchwald, Fletcher, & Roth, 1993; MacKinnon, 1983), requires all levels of government, federal and state justice officials, and the education system to work in tandem. Tangible recommendations begin with a call to closely monitor prevalence rates of sex crimes and identify effective prevention techniques. Anti-violence and sexual assault education programs should be increased on a community level. In addition, criminal background checks should be a prerequisite to working with disabled children and adults (Marge, 2003). Medical personnel and others should be educated about sexual harassment and other forms of sexual misconduct. Also, education and support programs aimed at disabled victims should be sensitive to victims’ different levels of disability and adjust their services accordingly.

Teachers/educators and staff persons in residential settings should be proactive and advocate a zero tolerance policy towards violence by students, employees, or clients. Also, parents of children with disabilities should be aware of the increased risk of victimization among disabled populations. Most importantly, however, people with disabilities should be engaged in creating any new programs (Marge, 2003). Obviously, there is no quick or easy fix to the problem of sexual violence, especially against impaired populations.

⁶ The Center for Disease Control (CDC) published Sexual Violence Prevention: Beginning the Dialogue. This publication outlines four steps that are pivotal in preventing sexual violence. For more information, see <http://www.cdc.gov/ncipc/dvp/SVPrevention.pdf>.

It is essential that networks of communication be established among those working in the battered women's movement, the disability rights movement, disability service organizations, legal defense organizations, law enforcement communities, religious organizations, and health care providers. In this way social service providers can expand the awareness and understanding of the critical importance of removing the barriers that face women [and others] with disabilities who are trying to remove violence from their lives.⁷

In sum, the effort to remove violence from the lives of disabled persons will require an unprecedented effort and the assistance of many stakeholders at all levels of government working in conjunction with one another.

⁷ As stated in the Violence Against Women with Disabilities--Fact Sheet #2: Policy Issues and Recommendations which is available via <http://www.bcm.edu/crowd/?pmid=1410#4>.

Chapter two: Sexual victimization against cognitively impaired populations*

Abuse is one of the “hidden” areas in the life of the developmentally disabled person. Most professionals have a great deal of difficulty dealing with concepts and realities of sexuality and persons with developmental disabilities. When it comes to acknowledging the existence and even pervasiveness of sexual abuse of developmentally disabled persons, these personal conflicts are magnified. As a society, we have remained blissfully unaware of intentional abuse. Perhaps it is too horrible for us to contemplate...It is only in the very recent past, when we as a society have begun to acknowledge, openly discuss, and provide intervention for sexually abused children, that our collective eyes have been opened to abuse of special populations (Baladerian, 1991, p. 325).

Introduction

The cognitively impaired⁸ represent approximately 1.58 percent of the American population (Larson et al., 2000, as cited in Gust, Wang, Grot, Ransom, & Levine, 2003). In recent years vulnerability to sexual abuse of cognitively impaired persons has come to light, in part, due to society’s increased perception of the cognitively impaired as “sexual beings” (Gust et al., 2003). Prior to this recognition there was a prevailing belief that individuals with developmental disabilities were asexual and that sexual expression should be discouraged (Levy & Packman, 2004). McCabe, Cummins, & Reid (1994) found that sexual behavior among cognitively impaired persons is a delicate issue for parents and caregivers. The fear is that providing sexual education to these children and adults will increase their sexual behavior, which has historically been discouraged. Still, sexual freedom among the cognitively impaired population has increased in recent years. Today, both in the literature and legislation, the rights of developmentally disabled persons to engage in sexual expression and claim a sexual identity for him/herself is finally recognized (Levy & Packman, 2004; Parker & Abramson, 1995).

* The author extends gratitude to Juan Santiago for reviewing the content in this chapter and Kristin Curtis for research efforts.

⁸ The terms “developmentally disabled,” “cognitively impaired,” and “intellectually disabled” are used interchangeably. The authors of the studies referenced herein also used these terms to refer to the population once labeled as “mentally retarded.”

Prevalence

Sexual victimization against cognitively impaired populations is believed to be extremely pervasive (Lumley, Miltenberger, Long, Rapp, & Roberts, 1998; Levy & Packman, 2004; Marge, 2003). Marge (2003) cites a study by Valenti-Hein & Schwartz (1995) that found sexual abuse will affect 90 percent of those with a cognitive impairment and upwards of 10 episodes of victimization will occur to 40 percent of individuals with a cognitive impairment. Levy and Packman (2004) found that 80 percent of individuals classified in their study as developmentally challenged were sexually victimized (see also Lumley et al., 1998; Stromness 1993), with actual incidence rates ranging from 15,000 to 19,000 cases annually (Sobsey, 1994, as cited in Marge, 2003).

Females (impaired and non-impaired) have a higher reported sexual victimization prevalence rate than males. However, males with developmental disabilities are markedly more likely to experience sexual abuse in their lifetime than their non-disabled peers (Beail & Warden (1995); Buchanan & Wilkins (1991); Bureau of Justice Statistics, 2004; Dunne & Power (1990); Gust et al., 2003). Some evidence suggests that sexual abuse against disabled males, especially male children and those living in residential settings, may equal that of females in similar situations (Beail & Warden, 1995; Gust et al., 2003). In addition, age appears to be a significant predictor of sexual victimization for both males and females. Disabled young girls and boys (less than 6 years old) appear equally at-risk for sexual assault. However, as with the general public, the gender gap widens as age increases resulting in significantly higher rates of sexual victimization among female teenagers and adult women with a cognitive impairment than their male counterparts (Sobsey, 1994).

Although the actual incidence of sexual abuse of disabled populations is believed to be very high, official records do not confirm this increased risk. As with other populations of sex crime victims, underreporting is a significant problem. Some experts suggest that only 20 percent of all sexual victimizations against the cognitively impaired are reported to authorities (Levy & Packman, 2004), and only 6 percent of known cases occurring in institutional settings resulted in a criminal court hearing (Gust et al., 2003). In a national survey of sexual behavior and abuse among cognitively impaired institutionalized populations, it was revealed that sex crimes (similar to those in the public-at-large) normally occur in the victim's or offender's residence and that in nearly half of the cases (45 percent) officials were notified of the victimization by the victim (Gust et al., 2003). Thus, researchers will likely never learn about most rapes of non-communicative persons because the majority (55 percent) of developmentally disabled individuals never reported the rape to staff or to law enforcement (Gust et al., 2003). As noted previously, the non-reporting of sexual violence is not specific to disabled populations. Failure to report sexual assault is also the norm among non-disabled rape survivors, in which a victim's shame, fear, guilt, confusion, and concern over victim-blaming often prevent notification.

Disabled children, more so than non-disabled youth, are especially vulnerable to victimization and attack. For instance, nearly 20 percent of non-disabled children in the United States will experience sexual abuse (Marshak et al., 1999, as cited in Levy & Packman, 2004), a substantially lower estimate than among disabled youth. To illustrate, research conducted on a population of hospitalized children with developmental disabilities (Willging, Bower, & Cotton, 1992), revealed that 68 percent (the rate is nearly 3.5 times greater than that of the non-disabled) of subjects experienced sexual abuse (Marge, 2003). Furthermore, studies using broad definitions of abuse find that disabled youth are up to 5 times more likely to be criminally

victimized than non-disabled children (Kvam, 2000). Collectively these prevalence findings indicate that developmentally impaired children and adults experience a pronounced risk of being sexually assaulted, and eclipse the estimates of abuse in the population-at-large.

Victim-Offender Relationship

Vulnerability to sexual victimization among the cognitively impaired, in part, stems from the reliance of developmentally challenged persons on their caregivers, residential staff, parents, and other family members; the same individuals most likely to perpetrate the abuse (Gust et al., 2003; Joyce, 2003; Levy & Packman, 2004; Lumley et al., 1998; Marge, 2003; McCabe et al., 1994). Literature on sexual abuse among disabled and non-disabled populations repeatedly stresses the prior and often intimate relationships between offenders and victims. For instance, one study suggests that the victim and offender are acquainted with one another in close to 99 percent of all cases (Reyerson, 1984, as cited in Levy & Packman, 2004). In other investigations, over 9 out of 10 disabled victims knew their abuser (Levy & Packman, 2004; Lumley et al., 1998).

Stromness' work (1993) highlighted a woman who was sexually victimized by her father over a 30 year period. The victim had this to say,

He would first give me a bath, then he'd dry me off and play sex with me. I did learn a lot from all of it. If it wasn't for my dad, I would never have learned how to bathe a penis. But I didn't enjoy it. I don't think it was a very good thing done to me. Dad told me he loved me. I turned him down a lot, but he was still sexual with me most every day. It was his way of showing love, but I think it was wrong. His mind might have been a little off (p. 145).

In addition to the potential risk associated with care providers, developmentally disabled persons may perpetrate abuse on their disabled classmates, peers, residents, or neighbors (Gust et al., 2003; Joyce, 2003). In Joyce's (2003) study of sexual victimization this was nearly always the case; perpetrators included seven staff members, three family members, four members of the public, and four other individuals with an intellectual disability. In their study of institutionalized care for mentally handicapped persons, Gust and colleagues (2003) found that over 60 percent sexual assailants were resident-on-resident.⁹ These studies signify that not only is sexual abuse among cognitively impaired individuals prevalent, but also it is typically perpetrated by individuals that victims know and usually rely on for daily survival. If a caregiver or resident is victimizing an individual, the victim may be reluctant and afraid to report the abuse. Also, due to the frequency in which the victim and perpetrator interact, the victim may experience multiple episodes of abuse before it is ever reported.

Consequences

The long- and short-term dangers associated with being a sexual assault victim are thoroughly researched. Repercussions may include "mood changes and depression, nightmares, sexual dysfunction, personality disorders, and a range of other difficulties in adulthood" (McCabe et al., 1994, p. 299). Cognitively impaired victims are believed to experience sexual trauma in similar ways to those who are not disabled, but this hypothesis is speculative because the literature that exists is scant, inconclusive, and lacking in methodological rigor (Sequeira & Hollins, 2003).

Sequeira and Hollins (2003) analyzed data from approximately 25 peer-reviewed articles on the clinical effects of rape and sexual assault of cognitively impaired individuals. This data

⁹ Disabled resident offenders may be less adept at hiding abuse than non-cognitively impaired perpetrators such as staff members (Gust et al., 2003).

indicated that anger, anxiety, emotional distress, masturbation, aggression, inappropriate sexual behavior, depression, nightmares, Post-Traumatic Stress Disorder, emotional withdrawal, distress, and self-injurious behavior were frequently cited consequences of sexual abuse (Sequeira & Hollins, 2003). Furthermore, the American Medical Association website indicated that sexual abuse among disabled youth should be suspected if the child has a sexual knowledge beyond what is appropriate for his/her age, exhibits fecal smearing, complains of genital irritation, has frequent sore throats, yeast or urinary track infections.¹⁰ Researchers warn that due to the barriers in reporting sexual victimization, these physical symptoms may be the first indicators of abuse (Gust et al., 2003; Levy & Packman, 2004). Noted emotional and psychological disturbances among these rape survivors - anger, distress and anxiety - may directly result from the physical pain of the abuse. Sexually transmitted diseases and pregnancy are also risk indicators of sexual abuse among the cognitively impaired.

Special Issues

Although the risk of physical, emotional, and sexual abuse appear high for disabled and non-disabled female populations, the former is at increased risk for abuse by more types of victim-offender relationships and are more likely to be subjected to abuse for extended periods of time (Center for Research on Women with Disabilities, 2002).¹¹ Furthermore, cognitively impaired victims face increased victimization at the hands of family members and caregivers compared to non-disabled populations. In their 1994 study of intellectually impaired individuals

¹⁰ For further information please see

http://www.medem.com/search/article_display.cfm?path=n:&mstr=/ZZZBRKNPVAC.html&so c=AMA&srch_tpy=NAV_SERCH.

¹¹ The most common victim-offender relationship of abuse among disabled women is an intimate partner, followed by a member of the victim's family. These women were also at increased risk of abuse by helpers, unknown persons, and medical caregivers and clinicians (Center for Research on Women with Disabilities, 2002).

residing in group homes, McCabe et al. found that 14 percent of the disabled participants, compared to 8 percent of the non-disabled participants, had sexual contact with a relative. When asked how the participants felt about sexual contact with a relative, 40 percent of the intellectually disabled felt “good” or “very good,” while none of the non-disabled felt “good” or “very good” about the sexual contact (McCabe et al., 1994). In addition, many of these crime victims were unaware of the meanings of incest and rape.¹² Further, McCabe and colleagues (1994) reported that 36 percent of the intellectually disabled (compared to 0 percent of non-disabled) reported that someone else should decide if they should have sexual contact. This finding may reflect the inadequate or non-existent sexual education provided for adults and children with developmental disabilities. An individual unaware of the meaning of “rape” and “incest” would have tremendous difficulty in identifying or reporting sexual abuse. These hurdles may partially account for the lower than average (20 percent compared to 38 percent) reporting by cognitively impaired rape victims (Baladerian, 1991).¹³ A lack of understanding with regard to appropriate sexual interactions and personal boundaries increases the risk of sexual victimization among disabled populations especially by caregivers, relatives, and other trusted individuals (Center for Research on Women with Disabilities, 2002; Joyce, 2003; Levy & Packman, 2004; McCabe et al., 1994; Sobsey & Mansell, 1990, as cited in Gust et al., 2003; Parker & Abramson, 1995).

Another factor that disproportionately impacts cognitively impaired victims of sexual assault (compared to non-disabled individuals) are the difficulties they encounter when trying to

¹² Baladerian (1991) reported that 97-99 percent of sexual abusers are known and trusted by the cognitively impaired individual.

¹³ Even among non-disabled populations, date rape is reported only about 5 percent of the time (Fisher, Cullen, & Turner, 2000; Koss, 1988), while stranger rape has a higher reporting rate of 60 percent (Bureau of Justice Statistics, 2006). Still, the overall reporting rate for sexual assault and attempted sexual assault is only 38.5 percent across female populations (Bureau of Justice Statistics, 2006).

convey relevant information to criminal justice officials and support personnel. Communication skills are frequently compromised causing interviews with law enforcement and court officials to be challenging (Joyce, 2003; Lumley et al., 1998; Valenti-Hein, 2002). Also, intellectually impaired individuals may lack a comprehensive understanding of what happened, which impedes notification of the attack. “In some cases there may be cognitive or functional limitations such that some individuals with mental retardation may not even recognize they have been abused” (Martin & Martin, 1990, as cited in Levy & Packman, 2004, p. 192). Cognitively impaired victims of sexual assault may also be particularly reticent to report the abuse due to enhanced feelings of guilt, threat of abandonment from the abuser (who is likely to be someone they know and trust), fear or retaliation from the offender and a willingness to tolerate the abuse in order to be accepted (Cole, 1984; Furey, 1994; Olkin, 1999; Tharinger, Burrows Horton, & Millea, 1990).

Career sex offenders of children are skilled at selecting the most vulnerable victims and “grooming” them in such a way that the child believes no victimization occurred (Salter, 2003). The same is likely to be true of sexual abusers of cognitively impaired adults and children. For example, if the abuser rewards a disabled victim, the victim may be more likely to see the abuse as a positive experience, may have decreased intentions to report the event, and is likely to be more vulnerable to future abuse. Furthermore, the cognitively impaired victim’s desire to be viewed as compliant by the abuser may further exacerbate the underreporting problem (Lumley et al., 1998).

Criminal Justice and Other Systems’ Response

Historically, the systems’ response to the violent victimizations against developmentally disabled and cognitively impaired persons has been abysmal. Federal funding in the last 20 years has started to address the inadequacies of the law enforcement community and court system

response to cognitively impaired victims. Still, despite these advances “women with mental retardation and other developmental disabilities who have been victims of crimes remain largely unserved, and crimes against them largely ignored” reports Marc Dubin (2008) of the University Center for Excellence in Developmental Disabilities.¹⁴ One of the many problems to date is the police’s inability to communicate in an effective manner with perceived crime victims. The typical police-victim question mantra of “who were you with and what happened and where” is often too complex for cognitively impaired victims to disentangle, says the University of Minnesota’s online publication *Impact*. Additionally, the police presently do not have uniform and consistent regulations for handling allegations put forth by victims with cognitive impairments (Petersilia, 2001). Only two states offered training to police officers on how to appropriately treat developmentally disabled victims of crime (McAfee & Musso, 1995, as cited in Petersilia, 2001/2000). Mr. Dubin, a former prosecutor who now oversees compliance with the Americans with Disabilities Act (ADA), reported that prosecutors have traditionally shied away from rape cases involving developmentally delayed victims perceiving the cases to be difficult to win and a drain on the already overstretched prosecutorial resources (Impact, 2008). Dubin urges prosecutors to move forward with these cases as “identifying a serial rapist who drives a bus or works in a group home is well worth it. Giving a sexual assault victim the knowledge that the criminal justice values her is worth it” (Impact, 2008, p. 3).

Furthermore, the typical prosecutorial concerns that cognitively impaired victims are unreliable witnesses are not necessarily accurate. “Recent research has shown that after viewing videotapes of live staged events, persons with developmental disabilities were as competent as people without disabilities when it came to remembering details of the crime. In fact, their

¹⁴ For further information see <http://ici.umn.edu/products/impact/133/over7.html>.

testimony is sometimes more reliable because it is less subject to distortion” (Henry and Gudjonsson, 1999, as cited in Impact, 2008; Petersilia, 2001/2000). In sum, the perception, or misperception, that disabled victims lack credibility or that they are incapable witnesses is not born out empirically (Petersilia, 2001/2000). Still, cognitively impaired victims of sexual assaults do require more assistance than non-disabled victims in understanding the complex processes and the inner-workings of the criminal justice system. Sadly, however, cognitively impaired adult victims and witnesses do not qualify for special court-related accommodations such as an advocate, specially trained police, or the use of videotaped or closed-circuit television (Petersilia, 2001).

It is not only criminal justice agents who receive failing marks for supporting these special needs victims. Victim advocacy groups have been remiss, too. Most domestic violence shelters and rape crisis facilities do not have specially trained counselors or advocates to assist autistic or developmentally delayed victims (Impact, 2008; Petersilia, 2001/2000).

Policy Recommendations

The increased victimization rates among the developmentally disabled, and its devastating effects, make prevention critically important. According to McCabe et al. (1994) reporting improvements and increased training amongst and greater access to clinicians, medical doctors, and criminal justice officials are a necessary starting point. Studies indicate that the prevention programs in existence increase participants’ knowledge about abuse and self-protection skills; however they are unlikely to be completely effective (Lumley et al., 1998; Miltenberger, Roberts, Ellingson, & Galensky, 1999). For example, Miltenberger et al. (1999) found that cognitively impaired individuals trained in a 10-week prevention skills program were unable to generalize their training to actual instances of possible abuse. Therefore, in-depth

situational training and naturalistic assessment of the prevention skills are highly recommended. (Miltenberger et al., 1999).

Sexual education, designed specifically for developmentally delayed individuals should be a priority (Gust et al., 2003; Levy & Packman, 2004; Parker & Abramson, 1995; Pueschel & Scola, 1987).¹⁵ Sexual education can improve abuse recognition and help disabled victims communicate with law enforcement officials (Hingsburger, 1995, as cited in Levy & Packman, 2004; Valenti-Hein, 2002). Sexual education programs can also improve reporting and conviction rates by teaching body part identification, providing skills, or describing events or actions associated with abuse (Valenti-Hein, 2002). Demonstrations could also help victims, especially non-verbal victims, in conveying mistreatment to caregivers, police, and other personnel.¹⁶ Training in sexual abuse recognition and prevention should also be specified for caregivers and staff of disabled clients (Gust et al., 2003; Parker & Abramson, 1995).

Law enforcement personnel and victim advocates could improve arrest and conviction rates among these perpetrators by utilizing several investigative and interview techniques designed to accommodate the unique needs of developmentally delayed victims. Disability researchers recommend that questions be open-ended and that interviewers give the disabled victim plenty of time to recall and describe the abuse in their own words (Joyce, 2003; Fisher & Geiselman, 1992; Keilty & Connelly, 2001). These methods are designed to discourage misreporting or fabrication of events. When this interview style was used by law enforcement the information reported by respondents was 65 percent more reliable than information garnered

¹⁵ Pueschel and Scola (1987) found that sexual education was received by only 20 percent of adolescent males with Down syndrome and 40 percent of adolescent females with Down syndrome (Levy & Packman, 2004).

¹⁶ Valenti-Hein's (2002) study shows that using visual tools and dot placement on anatomically correct drawings and dolls, may allow a victim to more accurately describe his/her abuse.

using traditional interviewing techniques (Fisher & Geiselman, 1992, as cited in Keilty & Connelly, 2001).

Procedures utilized by the court for child sexual assault victimizations should be modeled. Rogers (1999) argues that “child-friendly” statutes, normally triggered by chronological age, should also be triggered by mental age. “Child-friendly” statutes include: accelerated court scheduling, a closed courtroom during victim testimony; permitting the use of leading questions during direct examination; the use of anatomical dolls; placing time constraints on the victim’s testimony and cross-examination which would prevent undue harassment; and support persons to guide the cognitively impaired through the minutiae of the court proceeding (Rogers, 1999). Child victims of sexual assault are afforded several considerations to aid them in the court process (Karmen, 2006). Many of these victim-centered protections are now a matter of law and could be helpful to disabled victims and witnesses (Petersilia, 2001).

At the time that abuse is discovered or reported, every effort should be made to provide the victim with counseling. Victims should be tested for sexually transmitted diseases and/or pregnancy. If the victim desires to take legal action, further support should be made available as he/she navigates the criminal justice system. Ignorance of the ubiquity of sexual victimization among cognitively impaired adults and children can no longer be tolerated.

Chapter three: Sexual victimization of male victims*

Male sexual assault, perhaps the most hidden of all sexual abuse, remains virtually unrecognized by service providers and our society. Thirty years ago, very few women or children sought help for their sexual victimization. Today, it is the adult male who needs acknowledgement and support (Isely, 1991, p. 177).

Introduction

Until states and the federal government enacted rape law reforms, beginning in the 1970s, most legal codes did not allow for the existence of male victims of sexual violence (Bachman & Paternoster, 1993). The gradual replacement of the gendered legal term “rape” (which generally referred only to forced sexual intercourse against a woman) in favor of the broader and gender-neutral term “sexual assault” criminalized attacks against male victims and included other types of sexual violations as illegal (Karmen, 2006).¹⁷ It was not only the legal community that denied the existence of male victims. The general public traditionally viewed rape as a crime that only affected women and children. If male rape was considered at all, it was thought to exist only in prisons¹⁸ or other male dominated institutions like the military, sports teams, fraternities, etc. (Terry, 2006). Thus, male sexual victimization, especially outside of institutional settings, is an issue that has been largely ignored by society and the research community (Walker, Archer, & Davies, 2005). Historically, however, writings about the sexual assault of men can be traced back to ancient times and is referenced in Greek mythology. The rape of a defeated soldier, for instance, was often perpetrated by the victorious male as evidence of total victory (National Center for the Victims of Crime, n.d.).

* The author is grateful for Juan Santiago’s review of this chapter and Kristin Curtis for research assistance.

¹⁷ Even though the legal definition of rape has been changed to “sexual assault,” the literature often still refers to this sexual crime as “rape.” Therefore, the terms will be used interchangeably.

¹⁸ Prison rape will be discussed in a separate chapter.

Research on male sexual assault has concluded, as has research on the sexual assault against females, that this crime is not sexually motivated; rather, it is used as a weapon to exert power and control over the victim. Scarce (1997) notes that the dynamics of male rape, synonymous with victimizations against females, often involve alcohol and drug consumption, physical abuse, the presence of a weapon, and political, economic, and social inequality between the victim and offender. Despite the fact that same-sex male rape is often designated as a “homosexual” crime, the majority of men who rape other men identify as heterosexual (Donaldson, 1990; Scarce, 1997). Furthermore, straight men are just as likely to be victimized as gay men (National Center for Victims of Crime, n.d.). If a population is naïve about the motivating factors behind sexual violence (i.e., power and control) and incorrectly associates sex with rape, a man who has been raped by another man is, by inference, a homosexual.

Prevalence

Given the social stigma associated with male rape, it seems likely that these victimizations are even more underreported than rape involving a female victim (Mitchell, Hirschman, & Hall, 1999). Walker et al. (2005) indicate that heterosexual men are even less likely to report their sexual victimization than their gay and bisexual counterparts. Notwithstanding the underreporting and understudied nature of the crime, there are some prevalence and incidence indicators available to estimate the pervasiveness of this form of sexual victimization. For example, a victimization survey found that seven percent of men in a general household sample of the U.S. population are sexual assault survivors (Walker et al., 2005). Other data suggests that 5 percent to 10 percent of rapes committed in the United States involve male victims (Scarce, 1997). In 2003, the Bureau of Justice’s National Crime Victimization Survey

(2003) ¹⁹ found that, of cases reported to police, about 10 percent of rape victims aged 12 years and older were males (Catalano, 2004). Estimates based on more recent NCVS data (2005) indicate an increase in male rape victims (35 percent), yet the numbers were based on samples of less than 10 cases so it is impossible to know if this is an anomaly or upward trend in male rape victims (Bureau of Justice Statistics, 2006). According to the Rape, Abuse and Incest National Network, 10 percent of rape victims in this country are male and nearly 3 million men will experience a completed or attempted rape in his lifetime (see Yeager & Fogel, 2006). In addition, a National Incidence Based Reporting System report, which looked at sexual assault of children, shows that 14 percent of young sexual assault victims were male (Snyder, 2000). In another oft-cited investigation of male sexual victimization, 15 percent of respondents were raped on more than one occasion, and 7.5 percent experienced childhood sexual abuse as well as rape as an adult (Walker et al., 2005). Physical force was used in 52.5 percent of these assaults, and a weapon was used 10 percent of the time. The majority of male rape victims recalled their perpetrator as being White. These respondents were also questioned about their behavior following the rape. The majority of victims said that they reacted with “frozen fear, helplessness, or submission.” Unlike the general beliefs about male sexual victimization, these findings show how traumatizing the crime is for many victims.

Victim-Offender Relationship

Most perpetrators of male rape are someone already known to the victim²⁰ but strangers were responsible for about 25 percent of these crimes (Walker et al., 2005). Similar to the general literature on sexual victimization, which finds most sexual assaults occur in either the victim or

¹⁹ This survey data only collects data on subjects aged 12 and older.

²⁰ This study involved a small sample size (n=40) and relied on self-report data to generate its findings.

the offender's residence, most male victims are assaulted in the offender's primary residence (Walker et al., 2005). However, other research indicates that with the notable exception of rape against a male child, outdoor locations like parks or automobiles parked in remote areas are the location of choice for these rapists (National Center for Victims of Crime, n.d.). Furthermore, when young males are victimized by female perpetrators it is common for the offender to be a relative of the victim (Snyder, 2000) or someone the victim knows and/or trusts such as a babysitter or a school teacher. When women are the perpetrators the victims tend to be much younger, on average, than the victims of male assailants (Rudin, Zalewski, & Bodmer-Turner, 1995).

Consequences

As noted in earlier chapters, the physical and emotional consequences associated with sexual victimization can be immediate, long-term, and severe. Depression, anger, guilt, internalization of responsibility, sexual complications in relationships, and suicide ideation are common among male rape survivors (Cotton & Groth, 1982; Isely, 1991). Thus, male victims of sexual assault are believed to suffer in similar ways as their female counterparts. They do, however, have unique responses as well. For example, male victims generally have more severe physical injuries following a sexual assault (Walker et al., 2005). Men are also significantly more likely to be assaulted by more than one perpetrator, whereas female rape survivors are typically victimized by one assailant only (Walker et al., 2005). In addition, an increased perception of vulnerability and the belief that they are "damaged goods" is more pervasive among male rape victims than with female survivors (Mezey & King, 1989). Further, it appears that men only report rape to medical personnel under the most extreme circumstances, such as when a gang rape has occurred (Walker et al., 2005), an act associated with life-threatening

injuries and death. Given that so few male victims report their victimization to authorities or medical personnel, only a minority of male sexual assault survivors receive the necessary medical and psychological intervention critical to the recovery process. Psychological recovery is also stifled for male rape victims because of cultural misunderstanding and a lack of resources. Additionally, the pervading theme of homophobia that exists in our society hinders victim reporting and recovery.

Special Issues

Same-sex male rapes carry the added stigma our culture associates with homosexuality (Scarce, 1997), thus male rape survivors carry dual levels of embarrassment and shame; that which is typically cast onto any victim of sexual violence in addition to the labeling and discrimination that typifies heterosexism. Michael Scarce (1997) interviewed “Nathan,” a survivor of rape, and his statement illustrates the dilemma that male survivors experience when contemplating whether to report their assault. “I’m not sure I’ll ever tell any of my family or friends. They would probably understand, but I’d just be too embarrassed. I’d always be wondering if they thought less of me,” said “Nathan” (Scarce, 1997, p. 19). More so than among other types of rape victims, professionals in medicine, law, and education continue to deny, dismiss, or diminish the prevalence and seriousness of male rape (Scarce, 1997). A general finding is that few male rapes appear in police files, other official records, or academic literature. According to The National Center for Victims of Crime (n.d.) “The lack of tracking of sexual crimes against men and the lack of research about the effects of male rape are indicative of the attitude held by society at large – that while male rape occurs, it is not an acceptable topic of

discussion.²¹” The lack of comprehensive understanding is further complicated by the significant underreporting of male sexual assault victims, found to occur in only about two percent of cases (Walker et al., 2005). Societal perceptions that “real men” can not be raped and a belief that law enforcement will be unsympathetic to them make reporting the victimization to authorities unlikely. Accordingly, male rape survivors refuse to report their assault to police (typically identified as an extremely “masculine” profession) because they believe that their allegations will not be taken seriously and that they may actually be blamed for the assault (Terry, 2006; Walker et al., 2005). Of those who did report the abuse, only one man said that the police were responsive and helpful. Moreover, male rape survivors are equally reticent to seek medical attention after a rape because they are ashamed and embarrassed of the events that transpired (Yeager & Fogel, 2006).

Male victims, unlike their female counterparts, are more likely to externalize their feelings after being raped (Terry, 2006). One of the ways this emotional response manifests is in attempts to reestablish masculinity by bullying or stigmatizing other males (Watkins & Bentovin, 2000). Given that rape offenders –regardless of the gender of their victims – are overwhelmingly male, rape victims who share the gender of their perpetrator are more likely to challenge their sexual identification than are women raped by men (Terry, 2006). Additionally, a “common reflexive response” by male rape victims (i.e., erection or ejaculation), serves to further confuse survivors regarding their sexual orientation or “consent” to the rape (Terry, 2006, p. 118). Offender-based research suggests that rapists’ feel even more empowered when they get their male victim to physically respond to the sexual assault (Groth & Burgess, 1980).

²¹ See The National Center for Victims of Crime “Male Rape” at <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentAction=ViewProperties&DocumentID=32361&UrlToReturn=http%3a%2f%2fwww.ncvc.org%2fncvc%2fmain.aspx%3fdbName%3dAdvancedSearch>.

Rape myths would have us believe that adult males are not (or cannot be) sexually assaulted by women. This is not true. Although it is not believed to occur frequently, men of all ages can – and are – sexually violated by women. Similar to many areas related to male sexual victimization, the true extent and nature of female-on-male perpetrated sexual violence is not known because the subject attracts scant empirical attention (Smith, Pine, & Hawley, 1988). Of relevance to the lack of scholarly work in this area is the widely held belief that men are more sexually oriented and assertive than women (Smith et al., 1988), and therefore immune to this victimization. This means that society is less likely to perceive this form of male victimization as “rape.” Consequently, this gender stereotype reduces the likelihood that a male victim is regarded as an unwilling victim of a heterosexual assault and, instead, increases the responsibility and sexual enjoyment attributed to the victim (Smith et al., 1988).

A study where rape scenarios were described to 77 male and 89 female undergraduates (with the sex of the rape victim and assailant different for each) found that respondents were more likely to classify the scenarios as rape when the victim was female, compared to when the victim was male (see Smith et al., 1988). When a female victimized a male, respondents were more likely to attribute victim encouragement onto male victims. Further, male subjects in the study attributed more responsibility onto victims in general, and most especially when the victim was male and the assailant female. This research suggests the existence of social cognitions about sex roles that confirm a male rape mythology (Smith et al., 1988). Many people view male victims of female perpetrated sexual assault as promoting the behavior and gaining pleasure from the act, when this is not the case. These ideas are grounded in the stereotypical ideas about a man’s sexual nature and the inherent “goodness” of women. The passivity and loss of control over the

sexual interaction that occurs in sexual assault of men by women is thereupon inconsistent with stereotypical gender presumptions of male and female sexuality.

Criminal Justice and Other Systems' Responses

The National Center for Victims of Crime (n.d.) report that the criminal justice system and victim service providers have been slow to recognize males as sexual assault victims.²² Due to denial, misunderstanding, and homophobia, justice officials often express disbelief at the allegations or apathy towards male rape survivors (Brochman, 1991). These negative interactions with law enforcement result in secondary wounds for victims and as well as a reluctance to report the crime to authorities (Terry, 2006). Due in part to their origination (grassroots efforts associated with the women's and victim's rights movements) and ideology (feminist understanding on the causes of male on female violence) rape crisis centers traditionally have not been responsive or welcoming to these victims. Therefore, male rape survivors reported their experiences with rape crisis centers and workers as unwelcoming and at times, even hostile (Turner, 2000). Mezey & King (1989) attribute the hostility and isolation directed towards male victims to popular sentiment that continues to view them first and foremost as aggressors, not victims. However, resources are slowly becoming available for male rape survivors. At least one large social service provider in New Jersey, the Center for Family Services, extends advocacy and support to male rape victims, although they do not have any dedicated facilities. Victims are now encouraged to contact their local rape crisis centers to either receive services directly or for a referral to a more appropriate agency for counseling and/or other forms of

²² Please see The National Center for Victims of Crime publication entitled "Male Rape" It can be accessed via <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentAction=ViewProperties&DocumentID=32361&UrlToReturn=http%3a%2f%2fwww.ncvc.org%2fncvc%2fmain.aspx%3fdbName%3dAdvancedSearch>.

intervention. Increasingly, male and female counselors and advocates are housed at rape crisis centers.²³ Although the official responses to the sexual assault of males are improving by way of additional attention and support, it is questionable as to whether the gender gap in victim resources is narrowing.

Policy Recommendations

Best practices suggest that society, law enforcement, and the medical community ensure that all possible methods and resources be developed and utilized to increase public awareness of male rape, encourage reporting among survivors, and punish offenders in equivalent ways with perpetrators of male-on-female violence. Such a dramatic shift would require education and sensitivity training for medical professionals, criminal justice and court personnel, school teachers of young children, and care providers likely to encounter potential survivors. Perhaps most importantly, additional research is sorely needed to better understand the causes of this crime, and the issues and risks to victims. Further study could help craft responsible and appropriate social service interventions. In closing, Wiwanitkit (2005) stresses the need for law enforcement officials and physicians to work jointly to document and investigate male sexual victimization. With increased reporting and documentation of male rape, ignorance of its existence could be reversed and more men could receive the attention and support they deserve. Additionally, the media could have a tremendous impact in bringing the issue of male rape to the forefront. According to Scarce (1997, p. 99),

the popular media in contemporary society wield a great deal of power with the ability to shape public perceptions through depiction of actual and fictional events. The portrayals of male rape in television programs, films, print journalism, and radio have been

²³ See The National Center for Victims of Crime (<http://www.ncvc.org>).

relatively few and far between. In the absence of frequent attention to the reality of same-sex rape, the select appearances of male rape in mass media often carry a great deal of significance and lasting impact on the minds of viewers, listeners, and readers. With male rape receiving so little news coverage or inclusion in film and television plots, the idea persists that male rape may not be possible and is certainly not a prevalent crime. Male rape is a hidden and prevalent problem that needs to come into the forefront and be addressed by practitioners and policymakers alike. This serious social injustice can no longer be ignored.

Chapter four: Sexual victimization against elderly persons^{*}

Although sexual violence against women has received increasing attention over the past decades, the sexual assault of the elderly has not been well addressed...The elderly victim of sexual violence represents a vulnerable and poorly understood population (Burgess & Morgenbesser, 2005, p. 193 & 202).

Introduction

Despite the passage of three decades since elder abuse was first identified as a significant social problem, the lack of public awareness, the failure to target social and legal responses accordingly, and the scant academic attention to violence against elders is unnerving and problematic. “Elder abuse is under-recognized, under-reported, and under-prosecuted” (Caccamise & Mason, 2004, p. 41). This lack of attention occurs despite the fact that the elderly are susceptible to illness (mental and physical), often lack social support systems (death of a spouse, death of friends, etc.), and are frequently dependant on others (financial, housing, and caretaking, etc.); thereby increasing their risk of abuse, especially by family members and caretakers. Furthermore, violent victimizations against the elderly are more likely to require medical intervention, regardless of the victim-offender dynamic, than younger persons who are similarly assaulted (Bachman, Lachs, & Meloy, 2004). These injuries have obvious personal consequences in addition to “profound social costs” such as medical expenses and the direct and indirect costs associated with criminal and civil interventions (Miller, Cohen, & Wiersema, 1996, as cited in Bachman et al., 2004, p. 3). Organizationally and substantively, this chapter explores the general forms of elder abuse and what is known about these victims and offenders. Where the literature allows, the chapter also speaks directly to the sexual abuse of elders.

^{*} The author thanks Melissa Nazario for her helpful comments and suggestions on this chapter as well as Brittany Bishop, Kristin Curtis, and Jacki Gross for their research assistance.

According to the oft-cited National Elder Abuse Incidence Study (1998) there are seven types of elder abuse: 1) physical abuse, regarded as abuse that uses physical force to hurt, disable, or injure; 2) sexual abuse, defined as any nonconsensual sexual contact; 3) emotional or psychological abuse, constructed as anything that inflicts emotional or psychological harm on elders; 4) neglect, which is refusing to, or failing to fulfill one's duties to the elderly person (this can include lack of food, water, medical care, clothing, comfort, and shelter); 5) abandonment, operationalized as the desertion of the elder by someone who agreed to care for him/her or has custody of the elder; 6) financial or material abuse, which is regarded as using an elder's assets, finances, or property illegally; and 7) self neglect, defined as an elderly person behaving in a manner which threatens his/her safety. It is the second category, sexual victimization, that is most relevant to this chapter. However, because available data examining sexual abuse as a stand-alone crime against the elderly population is lacking, much of the conversation will discuss violent elder abuse in a more general way.

Prevalence

The true extent of elder abuse “remains a matter of speculation” (Caccamise & Mason, 2004, p. 46), in part because state-level data is inconsistent and incomplete and few national surveys focus specifically on the problem. Definitional issues are also a hazard to generating accurate and comparable estimates of abuse (Ball, 2005). For instance questions such as, “at what age is one considered an elder?” and “what actions and behaviors constitute abuse or sexual victimization?” remain unresolved. These debates along with other complicating factors, such as the underreporting by victims and/or a failure on the part of authorities (and others) to take the allegations seriously when they do surface further complicate attempts to measure and study elder abuse. For example, one of the few national studies to investigate this problem reports that only

1 in 5 victims of elder abuse notify the authorities of their victimization (National Center on Elder Abuse, 1998). Victims who are physically dependent on their abuser are even less inclined to report the victimization to authorities, especially if the offender is a domestic partner as this could result in the victim's removal from his/her home and into a residential facility or another living arrangement. Elderly victims are also reticent to report the abuse for numerous other reasons: fear of being placed in a nursing home, dependency on their caregiver(s), and feelings of shame and guilt discussing such a "taboo" subject.²⁴ Furthermore, due to cognitive impairments such as dementia the elderly victim may have difficulty recalling the event (Dugan, 2004).

Unfortunately, fears victims have about being believed seem accurate as the evidence suggests that even in the rare instance when notification occurs, it is common for officials to assume that the elder is fantasizing about the abuse, and/or that the elder is in a cognitively impaired state (i.e., confused), or that the elder is "making up" the story (Burgess & Morgenbesser, 2005).

Notwithstanding the difficulties stated previously, some researchers have attempted to capture the prevalence and incidence of elder abuse. One noteworthy example suggests that in 2004 nearly 254,000 allegations of abuse were filed across the 32 states that forwarded information. Of these reported cases roughly 75 percent were investigated and nearly half of those (34 percent) were substantiated, according to Adult Protective Services criteria. More specific to the focus of this chapter, 19 of these states also collected data pertaining exclusively to the sexual victimization of elders. This analysis revealed that less than 1 percent (or roughly 1,778 cases) of all elder abuse reports involved sexually related crimes. Based on this available

²⁴ See <http://seniorjournal.com/NEWS/Eldercare/4-11-09SexualAbuse.htm> for additional information. Last viewed on June 27, 2008.

state-level data²⁵ (n=19), the incidence rate of elder sexual abuse in this country indicates that 8 out of every 1,000 elderly persons (age 60 and up) will encounter at least one instance of sexual victimization (Teaster et al., 2006). Elderly women are more likely to be sexually abused than their male counterparts, which may explain why the authors failed to stipulate if any of the roughly 1,778 sexual victimizations included in the study were perpetrated against males (Roberto & Teaster, 2006). An additional disappointing note, this author was unable to locate any studies directed at the sexual victimization of older (60+) males.

While elder abuse is far from absent in nursing homes and residential facilities it is believed to be less common than victimizations occurring in domestic settings (Marshall, Benton, & Brazier, 2000). Exact numbers are not available, however. Sexual assaults that occur in institutional settings (home to roughly four to five percent of elders) are more likely to capture headlines and garner media attention than domestic acts of sexual assault (Edwards, 2005); thus creating an impression that it is riskier for elders than residing in their homes or the home of a family member. This perception is not accurate. When institutionally based sex crimes are reported in the news they generally involved a perpetrator that worked for the facility (Edwards, 2005), although sexual assaults by other residents are also a concern and may occur as often or more frequently than staff-on-client abuse (Bachman & Meloy, 2008). Recent data suggests that over 800 registered sex offenders – from many different states – are residing in long-term care facilities (Bledsoe, 2006).

Victim-Offender Relationship

The most likely offender of elder abuse is a caretaker (children, spouses, siblings, and paid care providers). According to national survey data, women over the age of 80 who suffer with

²⁵ Only 19 of the 50 states collect data specifically on the sexual victimization of elders. Adult Protective Services in the state of New Jersey is not among those jurisdictions.

dementia are the most likely group to experience general abuse by family members. For instance, in the state of Florida, a 94-year-old widow reported being sexually assaulted by her 42-year-old grandson, who was residing with his wife in the home of his grandmother at the time of the assault (Burgess & Morgenbesser, 2005). The elderly victim was found by the police bleeding and bruised. And the grandson, who perpetrated the assault, was asleep and drunk in his grandmother's bed. Three months after this attack, the victim was admitted into a nursing home because her health deteriorated to the point where she could no longer care for herself. This most at-risk group tends to reside with their middle-aged children, a situation which can become overwhelming for caretakers; thus placing the elders in harm's way. Studies indicate that the more stressful the caretaking of the elder is perceived to be, the more likely the caretaker is to abuse the elder (Steinmetz, 1988, as cited in Hines & Malley-Morrison, 2005).

Although it is possible that the abuse is a continuation of a long-standing pattern in emotional and/or physical abuse within the family, the more probable explanation is that changes in the elder's situation and increased dependence on caregivers has made them increasingly susceptible to abuse. There is less known about the victim-offender relationship when disaggregating sexual abuse from the different types of violent crimes committed against elders. The sparse information that is available suggests that spouses are the perpetrators of rape against elders about 30 percent of the time (Hines & Malley-Morrison, 2005) although offender perceptions generate images of unknown (stranger) assailants. A real life example of one survivor's experience that typifies a marital abuser: the man left his bedridden wife undressed underneath the bed sheets "as this made it easier to 'get at her'" (Ramsey-Klawnsnik, 1991, p. 80-81).

The rapists of elderly persons are often incapable of performing sexually with age-appropriate partners (see Jeary, 2005). This finding was evident across all ages of men who sexually assault elders. More specifically, offenders discussed their inability to sustain an erection and/or their inability to ejaculate during age-appropriate consensual sexual experiences. Some of the respondents in Jeary's study (2005) viewed the sexual abuse as a method to test these inadequacies. If the offenders felt they failed this "sexual test" they punished victims with additional acts of violence. Like rapists of other age groups and genders, a motivating factor was the desire to exert power and control over the victim (Jeary, 2005).

Consequences

Research indicates that elder victims of sexual assault suffer more severe abuse, more devastating injuries, more violence than younger rape victims, and endured more physical force than what appeared necessary to subdue them (Jeary, 2005). Sexual abuse has distinct physical signs and symptoms such as (but certainly not limited to): bruises to the breasts, genital, and anal areas; unexplained sexually transmitted disease(s) or genital infection(s); unexplained vaginal or anal bleeding; and torn, bloody, or stained undergarments (National Center on Elder Abuse, 1998). The psychological trauma of the victimization is also severe. Like their younger counterparts the emotional turmoil, shame, and embarrassment associated with rape can be overwhelming for elder victims. Elder survivors of sexual violence also noted suffering from the "secondary wound" phenomenon (insensitive treatment by law enforcement and medical professionals) (see Karmen, 2006). When an elder is abused within the context of what is perceived to be a trusted and secure institutional setting, the psychological recovery is often more difficult for victims, as their feelings of security are shattered. Furthermore, the victim's family member(s) may feel responsible because they placed their elderly family member in the situation

which ultimately led to the abuse (Burgess & Morgenbesser, 2005). While some elderly victims of sexual violence showed amazing resilience and determination in the face of their abuse, most suffered long-term and negative life-changing effects in response to the abuse (Jeary, 2005).

Special Issues

The lack of recognition that elders are targeted for criminal acts, especially sexual assaults, has resulted in limited information. Discrimination against elders serves to marginalize the population and socially constructs them as asexual beings, further exacerbating the “invisibility” of their sexual abuse (National Center on Elder Abuse, 2007). These victims are likely to suffer more physical and emotional consequences resulting from the attack than their younger and healthier counterparts. For instance, “given equivalent assaultive force to an extremity, an older woman with osteoporosis is more likely to sustain a fracture than her younger counterpart” (Bachman et al., 2004, p. 2). Cognitive and physical limitations are over-represented among elders, factors which increase the risks to sexual victimization and complicate recovery (Burgess & Morgenbesser, 2005). Research demonstrates that even minor victimizations can result in significant psychological trauma when elders have multiple health concerns (Hirschel & Rubin, 1982, as cited in Lachs et al., 2004). Further, these same issues can increase a victim’s dependence on his/her perpetrator, thereby, reducing the likelihood of reporting and increasing the chances of additional abuse. Existing studies are hampered by a string of methodological problems making comparisons across studies, or generalizations to the larger geriatric population, dubious (Ball, 2005).

Criminal Justice and Other Systems’ Responses

The criminal justice system has seen at least symbolic reform with respect to the victimization of elder populations. By 1991, all states had elder abuse statutes or amended their

existing laws to include elderly victims. As part of this legislative platform each state has some type of intervention program, typically orchestrated through Adult Protective Services (Hines & Malley-Morrison, 2005). However, little to no uniformity exists across state laws. For example, only 46 of the 50 states have mandatory reporting requirements of professionals who suspect elder abuse, with the additional stipulation that a failure to report can result in criminal charges.²⁶ The State of New Jersey mandates reporting to the office of the Ombudsman for the Institutionalized Elderly by caretakers, social workers, medical personnel or other staff persons who suspect elder abuse within an institutional setting (NJSA 52:270-1 to 16, Chapter 239, 1977.). There is no reporting mandate in New Jersey that applies to potentially-abused elders residing in a private residence. Furthermore, of the states with any mandatory reporting, only 15 require elder abuse to be reported by *anyone* who suspects the abuse (Hines & Malley-Morrison, 2005).

Burgess' (2006) study on elder abuse investigated the criminal justice system's responses to elder sexual abuse. Content analysis indicated that 99 of the 284 cases of actual or suspected elder sexual abuse reviewed in the study (180 of which had an identified offender), were referred to the prosecutor's office for further action resulting in 17 convictions, 8 acquittals, and 11 plea negotiations (Burgess, 2006). Arrest and prosecution, when appropriate, can be an integral component to victim recovery, criminal deterrence, and sending a symbolic message to the community-at-large that violent crimes and sexual victimizations targeting the elderly will not be tolerated (Burgess & Morgenbesser, 2005).

Other systems have also responded to the problem of elder abuse. Shelters have been established, however, they are usually scarce and have little funding and are not designed to serve

²⁶ The states of Colorado, Illinois, New York, and Wisconsin still rely solely on voluntary reporting.

special needs of elders or male victims. In addition to emergency shelters, other programs have been implemented to help empower elder victims and deter further violence. Examples of these reform efforts include support groups, victim's rights training and advocacy, coordinated community responses, and streamlined referral processes (Nahmiash & Reis, 2000, as cited in Hines & Malley-Morrison, 2005). Further, the National Center on Elder Abuse's website²⁷ - and many state websites - offer a plethora of resources for victims, victim's families, practitioners, and others. The International Association of Gerontology and Geriatrics (I.A.G.G.) formulated a standing committee, the International Network for the Prevention of Elder Abuse (I.N.P.E.A), which seeks to recognize and prevent the problems of elder abuse throughout the world.²⁸ For example, this organization sponsored the third "World Elder Abuse Awareness Day" on June 15, 2008.²⁹ Further, the organization is sponsoring the first international survey on elder abuse, which will obtain and compile elder abuse statistics on elder abuse from countries throughout the world.

Policy Recommendations

Burgess and Morgenbesser (2005) discuss the importance of large-scale education efforts as a way to expose and eradicate elder abuse. Practitioners and academics should educate seniors, caretakers (both familial and professional), and the public about situations and behaviors which indicate possible abuse. Prevention programs for elderly persons who live independently, in assisted living communities, or in nursing homes should be part of a community-based awareness campaign. "Senior safety" is an understanding of the elder's level of independent functioning and social support network – or lack thereof – which can reduce the opportunities for

²⁷ For more information see http://www.ncea.aoa.gov/ncearoot/Main_Site/index.aspx.

²⁸ See <http://www.iagg.com.br/webforms/iaggMission.aspx> for additional information.

²⁹ For further information, please see <http://www.inpea.net/>. June 15th of every year is World Elder Abuse Awareness Day.

victimization. Safety-awareness violence prevention programs embrace responsible education platforms outlining realistic, yet not embellished, risks and opportunities for harm while offering seniors strategies for minimizing their exposure to violence and information on how best to respond if a victimization occurs. Similarly, leading experts in the topic of elder abuse from the State of New York have identified the following areas as key to reducing violence and abuse against elders: public awareness and education platforms, community-based and coordinated intervention strategies, enhanced law enforcement training and responsiveness and the zealous prosecution of perpetrators (Caccamise & Mason, 2004).

Adjustments should also be made to the current methods of interviewing/examining victims of sexual abuse. Elders may suffer from cognitive, emotional, and physical problems, so the interview/examination portion of the investigation should be responsive to this possibility. Caretakers should take all allegations of abuse seriously (Burgess & Morgenbesser, 2005). Furthermore, increased attention and sensitivity to elder abuse by law enforcement personnel and a commitment by the courts to charge, to prosecute, and to convict guilty defendants may deter offenses and/or result in an official denouncement for these crimes. Although police departments have recognized the need to train officers on dealing with cultural and ethnic minorities and disabled (physically and cognitively impaired) populations, issues pertaining to elderly populations have not been included in these education sessions (Lachs et al., 2004). Therefore, police training should be expanded to include the elderly population.

Special efforts should be made to screen employees working with the elderly to determine if they have a history of or proclivity towards violence, according to the National Center of Elder Abuse (2007). Medical and residential personnel should be trained to recognize the signs of physical or sexual abuse against elderly crime victims (Ramsey-Klawnsnik et al.,

2007). Furthermore, awareness of the offense risks that other residents pose to elders should also be acknowledged and addressed. As noted in a previous section (Prevalence), a 2005 report on the issue found that approximately 800 registered sex offenders, residing in 36 different states, were residing in long-term care facilities (Bledsoe, 2006). Although these numbers represent only a fraction of the total institutionalized elderly population, it raises the potential for increased abuse.

Finally, while certain states' Adult Protective Services' laws specifically list sexual abuse in the penal code(s), as of July 2008, New Jersey did not have specific information regarding sexual abuse in its' APS laws (N.J. Stat. Ann. 52:27D-407, as cited in Statutory Provisions: Types of Abuse Defined in Adult Protective Service Statutes, 2005, p. 27). This should be changed so sexual abuse against the elderly can be better studied, understood, and tracked in the state of New Jersey.

Chapter five: Sexual victimization against lesbians, gays, bisexuals, and transgender individuals*

A prominent government attorney once stated to me, “This group (the Lesbian, Gay, Bisexual, and Transgender community) is so small,” while discussing the unique needs of the LGBT community regarding domestic violence and sexual assault. In other words, it is such a small group, why use our (limited) resources on them? This is not the first time I have heard the us/them argument about spending the time and money to better serve “this” group. ...The violence goes unnoticed, unrecognized, or ignored because people do not understand or do not feel they need to understand its traumatic effects on the victim, their families, their friends, and their allies (Siebert, 2006, p. 8)

Introduction

Sexual violence against sexual minorities occurs within the context of intimate relationships, ex-partnerships, acquaintance meetings, institutional settings, stranger-encounters, and hate-motivated acts of violence. Gay men, lesbians, bisexuals, and transgender persons share in the realities of intimate partner violence - including “date rape” - and are much more likely than heterosexuals to be sexually victimized by strangers. Thus, by some accounts, sexual minorities experience an increased risk of sexual assaults compared with the sexual majority (see Hickson et al., 1994; Waldner-Haugrud & Vaden-Gratch, 1997). Practitioners, academics, and the public are beginning to understand same-sex violence and the victimizations from outsiders targeting the LGBT community. Relatively little is known regarding the dynamics of this crime type, its frequency, offender motivations, criminal justice responses, and what it means to be a rape victim who also happens to be gay, for example. Violence occurring within the context of same-sex partnerships is a vastly understudied issue and the sexual violence occurring within these relationships and/or against sexual minorities in general is the least understood (Waldner-Haugrud & Vaden-Gratch, 1997). Numerous reasons are cited for this paucity of information and will be discussed in forthcoming sections.

* This author thanks Patricia Barahona and Stephen Oreski for reviewing this chapter and Kristin Curtis for identifying and collecting supporting research.

According to at least one study, 1.51 percent or 4.3 million of the total U.S. population self identifies as gay, lesbian, or bisexual, which translates into approximately 2,000,000 gay males, 1,400,000 bisexuals, and 900,000 lesbians (Laumann, Gagnon, Michael, & Michaels, 1994). Citing our society's homophobia and the shame, secrecy, and embarrassment it engenders, many researchers believe these figures to be low (Girshick 2002; Scarce 1997) with estimates ranging upwards of 17 percent of the populace admitting to at least one form of homosexual activity. Even less is known about transgender individuals. Because of the complexity and generalizability of the gender characterizations associated with the term, and a lack of scholarly focus, valid estimates are not available on what percentage of the population would self-identify as transgender (Munson, 2006). The American Psychological Association states that it is almost impossible to determine the exact number of transgender persons in Western countries (Schneider et al., 2007). Estimates of cross-dressing (which is one form of transsexualism) are about 1 in 10,000 for biological males and 1 in 30,000 for biological females (Schneider et al., 2007). Schneider and her colleagues (2007) state, however, that the prevalence of individuals in other transgender categories is unknown.

Prevalence

As with all of the disenfranchised populations discussed in this report, accurate estimates of sexual violence against gay men, lesbians, bisexuals, and transgender persons are difficult to obtain. Underreporting by rape victims is perhaps the biggest obstacle. Numerous explanations are offered to explain the unwillingness of sexual minorities to report their rapes: shame, embarrassment, fear of being "outed," a lack of recognition on the part of victims that they have been raped, reluctance to threaten the idea of the LGBT tranquil utopia, failure of the criminal justice system and victim advocacy groups to provide adequate support contribute to

underreporting (Girshick, 2002; Scarce, 1997). A lack of scholarly work focusing on this research question further inhibits accurate estimations of sexual victimizations against LGBT people (Gerstenfeld, 2004; Girshick, 2002; Ristock, 2002). The studies that do exist have such variability in how they define and measure “sexual violence” that it is impossible to conduct meaningful comparisons across studies (Burke & Follingstad, 1999; Girshick, 2002). Furthermore, unlike other populations where one’s membership is understood and accepted, sexual minorities are often reticent to “out” themselves and may deny their sexual orientation or transgender status. All of these issues make identification of potential victims problematic (Girshick, 2002). Additionally, random samples of same-sex victims of sexual violence are difficult, if not impossible, to obtain. Researchers generally rely on subjects who seek victim assistance from gay advocacy organizations or what is known as “snowball sampling.” This type of research-subject access usually results in smaller sample sizes and limits the generalizability of research findings. Finally, the societal denial that woman-to-woman sexual violence exists further hinders researchers’ abilities to ascertain accurate and representative prevalence rates (Girshick, 2002/2001).

The work that has been conducted on sexual minorities suggests that incidence rates meet or exceed that of their heterosexual peers. During the past decade, high rates of victimization, particularly in school and community settings, have paralleled increased visibility of lesbian, gay, bisexual, and transgender young people (Ryan & Rivers, 2003). Some research has found that gay and bisexual men are more likely to report sexual assault by other men than are heterosexual men (Walker et al., 2005), while other studies note the extreme reluctance of homosexuals to report intimate partner abuse (Girshick, 2002).

Research suggests that gay and bisexual men are at a higher risk of rape than heterosexual men, primarily for two reasons. First, because men feature as the main group of perpetrators of sexual aggression, homosexual men are at greater risk of being forced into unwanted contacts because they seek sexual intimacy with a male partner (Krahé, Schiitze, Fritsche, & Waizenhofer, 2000). Second, gay and bisexual men have an increased risk of sexual harm because of homophobic sexual attacks (Walker et al., 2005). Although a thorough discussion of hate-based crimes against homosexuals and other sexual minorities is beyond the scope of this chapter, it is a real danger and one that should be addressed by researchers, criminal justice practitioners, and policymakers. The 1999 critically acclaimed film “Boys Don’t Cry,” starring Hilary Swank, chronicled the real-life story of “Brandon Teena” the female-to-male transgender youth who was brutally raped and killed when two local male friends discovered he was biologically a woman, living as a man.

To restate, much of the sexual violence incurred by sexual minorities occurs within a domestic or intimate context. Best estimates suggest that 12 percent of gay men and 31 percent of lesbians report being forced to have sex in their current or most recent relationship (Kalichman et al., 2001).³⁰ Other studies reflect a much higher prevalence figure for male-on-male rape (see Hickson et al., 1994). Further, the Scarce’s (1997) book on male rape finds that approximately 5 percent and 10 percent of all reported rapes involve male victims with most of the assaults involving male perpetrators. Additionally, a study conducted by Houston and McKirnan (2007) found nearly 19 percent of men in same-sex relationships reported sexual abuse by their intimate partner.

³⁰As mentioned previously, there are two major limitations to studies examining LGBT populations. The first shortcoming is that LGBT individuals have rarely been studied and the second impediment is that when LGBT persons are studied, the sample sizes are incredibly small.

As mentioned a moment ago, sexual abuse estimates among lesbians indicate that roughly one-third were sexually victimized within the context of an intimate partnership (Kalichman et al., 2001; Sloan & Edmond, 1996). These numbers are consistent with women in heterosexual relationships, but significantly outpace the generally agreed upon 12 percent to 15 percent victimization rate among gay male couples. Researchers attribute this to several factors: increased likelihood of reporting by lesbians in comparison to gay men, failure of many studies to isolate whether the sexual assaults against lesbians were conducted by previous male partners, and similarities in the power and control dynamics that seem to motivate rape irrespective of the sexual orientation of the victim or perpetrator (see Burke & Follingstad, 1999; Girshick 2002; Scarce 1997). The prevalence of woman-to-woman sexual violence that takes place outside of intimate partner relationships is unknown. Girshick (2002) conducted a nationwide woman-on-woman sexual violence study and concluded that 42 of the 91 reported incidents of sexual violence (46 percent) occurred in the context of a battering intimate relationship. This is consistent with the 40 percent to 70 percent prevalence rates of sexual assault that occurs among battered heterosexual women (see Pence & Paymar, 1993; Finkelhor & Yllo, 1985).

The research on the sexual victimization of transgender individuals is virtually nonexistent. However, the one identified study on the subject found that 14 percent of transgender individuals were victims of a rape or attempted rape at some point (see Lombardi, Wichins, Priesing, & Malouf, 2001). Clearly, more research is needed on this issue as it pertains to all sexual minorities.

Victim-Offender Relationship

Given the distinct populations under review in this chapter and the various contexts in which sexual violence occurs against sexual minorities, the victim-offender relationship is

difficult to disentangle. Partners, ex-partners, dates, acquaintances, and strangers, often motivated by hate of the victim's sexual orientation, are perpetrators of sexual assault against LGBT people. As previously mentioned, more than 1 in 10 gay men are sexually victimized by his intimate partner and even more men are sexually assaulted by dates and acquaintances. Although not necessarily representative of every same-sex act of violence, author Michael Scarce (1997) depicts his own date-rape, which occurred in his college dormitory (p. xv-xvi),

...After several attempts to unfasten my jeans, he finally succeeded and yanked down my pants and underwear. What happened next is somewhat of a blur. I remember he forced me to lie on my stomach and climbed on top of me. He shoved his penis into me, without lubricant and without a condom. He held me down while I squirmed and fought, suppressing the urge to vomit. The physical pain of the anal penetration worsened as he continued and I began to cry...The walls...were very thin. The air vents in the doors were so large you could hear practically everything through those wide cracks, and many of my neighbors were home that night. One yell, one shout would have attracted the attention I needed to stop what was happening, but I could not bring myself to cry out...They already hated me for being queer, so how might they react if they responded to my cries for help...There was nothing I could do except lay there and go numb.

Not only is rape and sexual assault of gay and bisexual men evident in dating situations as indicated above, but gay men are similarly vulnerable to sexual assault by strangers, partially due to hate crimes. Hickson and colleagues (1994) determined that approximately 16 percent of sexual assaults against gay men are committed by strangers. Hate-based crimes are usually committed by men with the explicit goal of humiliating and harming the victim (Davies, 2002). Upwards of 10 percent of men reporting anti-gay crimes report that they were raped by their

attacker. Male rapists often target gay and bisexual men in places they are known to frequent such as parks or public lavatories (Davies, 2002). Further, slightly over 11 percent of sexual assaults of males involved more than one perpetrator (Hickson et al., 1994).

Investigations into sexual victimizations against lesbians indicate that these women experience many risky situations, but most victims are assaulted by a date, current, or former partner (Girshick, 2002). Professionals in a position of power such as a therapist, teacher, doctor, mentor, or supervisor were listed as the offender in seven percent of the cases and unknown assailants accounted for roughly two percent of the total of all woman-on-woman rape. Girshick (2002, p. 65) depicts a victimization of a 26-year-old white lesbian who is an administrative assistant. Her abuse occurred two years earlier,

During the relationship I did not “see” the sexual abuse occurring. I was up to my ears in the domestic violence happening—but blocked so much out—a lot of the sexual assaults blended or went missing altogether. I did not know and realize not wanting to do certain things, fearing not wanting to do certain things, fearing if I did not do them what the outcome would be. I remember hating what was being done to me sexually—and how I would feel when *having* to perform certain acts or have them performed on me. I remember being hurt physically on many while engaging in sex.

The above is an illustration of the most common victim offender relationship with woman-on-woman sexual abuse. Unlike with stranger-rapes that typically involve only one event, these victimizations often occur multiple times over the course of the partnership (Girshick, 2002). In addition to the risks these women face within their relationships, anecdotal evidence reveals that lesbians too are frequent victims of hate-crimes perpetrated by men (Asanti, 1997).

Consequences

The ramifications of a sexual assault are severe and life-altering. The victim is often harmed physically, emotionally, and psychologically. Widely read and accepted studies list depression, anxiety, low self-esteem, dissociation, sleep disorders, shame, guilt, self-mutilation, suicidal ideation, suicide attempts, drug and alcohol abuse, eating disorders, Post-Traumatic Stress Disorder, fear, displaced anger, and sexual dysfunction as effects of a forced sexual encounter (Girshick, 2002; Sloan & Edmond, 1994). Lesbians, gays, bisexuals, and transgender individuals experience consequences similar to that of heterosexual victims of sexual assault along with a host of other effects, compounded by the stigma and shame often associated with identification as a sexual minority. Gay and bisexual victims are typically confronted with strong feelings of internalized homophobia; for example, they feel that rape is a punishment for their sexual orientation (Davies, 2002). Scarce (1997) relates the story of a victim named “Andrew” who wanted to commit suicide after he was raped. “Andrew” told Scarce (1997) that he “felt lost and had enough pills at home that I knew I could do it from my training, what to take” (p. 26).

Denial impacts both lesbians and gay males who have been assaulted by a same-sex assailant (Girshick, 2002; Scarce, 1997). Several women in Girshick’s study (2002) declared that they had “no emotional response,” “blocked out what had occurred,” “numbed out,” “dissociated,” and “buried the pain.” “Marcus,” a male, who had been sexually victimized, said he “moved into a state of denial about its effects on my life” (Scarce, 1997, p. 25). Denial acts as a method of coping and avoiding the emotional damage that the memories of the rape have on survivors of sexual assault (Scarce, 1997).

Special Issues

Society is reluctant to accept the existence of sexual victimization occurring outside the male-on-female paradigm (Burke & Follingstad, 1999), which negatively impacts reporting rate and stalled academic research. Furthermore, when a rape of this type occurs, blame is often cast onto survivors as a consequence of their “deviant” lifestyle (Girshick, 2001). Similar findings are noted among other rape survivors who are perceived to have violated societal norms of “good behavior.” Homophobia and the invisibility of same-sex intimate partner violence, and sexual abuse occurring within some of these relationships, impedes outreach by social service agencies, victim services as well as the responsiveness and empathy of criminal justice officials. These factors further marginalize sexual minorities and silence the survivors of rape. Many of the leading crime victim advocacy constituencies within the State of New Jersey do not specifically mention gay or lesbian domestic or sexual violence in their outreach literature.

Moreover, because it is difficult to imagine that women are perpetrators of sexual violence, victims of woman-on-woman rape often experience shock and denial about their victimization. After all, how can this be? Are women not socialized to be loving and nurturing and thus incapable of violent acts? This disbelief about “women raping women” is not isolated to criminal justice personnel and outsiders. Lesbians buy into this misperception. Accepting that sexual abuse occurs within the lesbian community destroys the myth of “lesbian utopia” and results in further stigmatization (Girshick, 2002).

Some of the same issues confront the gay male community. For instance, gay men are reticent to admit that they are at-risk of abuse by other gay males partially because they fear it will result in further ostracization and that it will be used as “proof” of their sexual deviance (Hickson et al., 1994). Additionally, there is a misconception that “real” men can not be raped as they can

(and should) fend off attackers (Seibert, 2006). Therefore, men who fail to successfully resist a sexual attack are disbelieved and/or labeled a “sissy, faggot, or wimp” (Seibert, 2006). Male rape is perceived to de-masculate men and, for straight men, can result in sexual orientation confusion as they question why they were singled out as a victim or why their body “betrayed” them due to an adrenaline-induced physiological response. Also, evidence suggests male rape victims’ experiences with the criminal justice system are rarely positive (Scarce, 1997). Collectively, these factors deter same-sex male rape victims from reporting the crime to authorities (Scarce, 1997; Seibert, 2006).

Unlike most of the other populations covered in this report, with the possible exception of prisoners, sexual minorities are particularly vulnerable to targeted or hate based violence. Available government sponsored research on same-sex violence (and crime victim resources) may be negatively impacted by our culture’s homophobia and religious teachings that suggest homosexuality is sinful, deviant, and inherently dangerous (Burke & Follingstad, 1999).

Criminal Justice and Other Systems’ Responses

Law enforcement officials and social service providers have been, at best, unresponsive to sexual minority victims. Official reporting by victims is rare and when it occurs survivors seldom feel adequately supported. In a recent survey, slightly less than half (46 percent) of all LGBT victims of violence reported that law enforcement was “courteous” to them during the reporting process. This figure is down from its all-time “high” of 49 percent (2005) approval rating for law enforcement responses to these crimes (National Coalition of Anti-Violence Programs, 2007). A victim of woman-on-woman sexual violence described her experience when she reached out for help after being raped by her female partner (Girschik, 2002, p. 31),

The hot line worker didn't know how to react because it was a woman who attacked me. She could not even tell me if I was entitled to a protection (from abuse) order. She didn't seem to understand and she didn't seem concerned. It took so much for me to dial that phone number, and it just made me feel worse.

Clearly, law enforcement officials and outreach workers do not fully understand the issues of same-sex violence and the realities of living as a member of a maligned group.

Male rape outside the prison setting is nearly as invisible in our culture as is woman-on-woman rape. The following male rape survivor describes why contacting the rape crisis line after his sexual date related assault was never a realistic option for him (Scarce, 1997, p. 24),

A friend of mine was a rape counselor. It never even occurred to her that I should call a crisis line and it never occurred to me until years later. I think it's because it was Bay Area *Women* (emphasis original) Against Rape. That's probably the main reason – the focus of the crisis line is towards women and a lot of the counselors don't believe the agency serves men even though they are told explicitly that [the agency] does. And it never occurred to me to call, because it's a women's organization. On an intellectual level I knew that this happened to other people. On an emotional level I felt like it didn't happen to any other men and that somehow I was unique because of that and therefore there wouldn't be anything for me.

Research suggests that outreach workers, medical professionals, clinicians, and criminal justice officials are not sufficiently trained to identify these victimizations. Law enforcement officers sometimes respond with disbelief, mockery, homophobia, or a mix of all three (Scarce, 1997). Furthermore, anti-gay sentiment is evidenced in much of the law and within police organizations.

When gay persons seek legal redress or protection from abusive partners,

they take a public risk of exposing themselves to homophobia...and harassment not only in the courts but also with their jobs, families, and other relationships...The law has poorly enforced our rights. We have no protection against employment discrimination, and police have historically raided gay bars and harassed gay men and lesbians in their custody (Girshick, 2002, p. 139).

A female police officer described the hostile climate victims of same-sex violence or anti-gay hate-based crimes might expect,

They're very backwards here...I can't see why any women reporting any type of abuse to the law enforcement here. It's real macho. I see some gay guys that come into the jail that are charged with other things and, I mean, they're just made fun of, all that type of stuff...They just have these really backward ideas on gay people (Girshick, 2002, p. 139).

The State of New Jersey is a leader in legal protections and rights extended to same-sex (or same-gendered) couples, including the recognition of same-sex domestic abuse victims. Unfortunately, there are still many jurisdictions that do not extend family court protections or protection from abuse orders to victims of same-sex couple violence. On a more positive note, in 2000 the national Hate Crime Statistics Act was amended, making it a federal crime to victimize someone based upon their sexual orientation. At least 23 states, including New Jersey, have similar protections for sexual minorities in their hate-crime laws (Gerstenfeld, 2004).

Policy Recommendations

It is paramount that law enforcement and other agencies improve their response and sensitivity to the sexual victimization of the LGBT individuals as they deserve the same rights and access to services and resources as other victims of sexual violence. We cannot adequately

measure, research, or support that which is not acknowledged or seen. Yet, it is unrealistic to expect (or even encourage) an increase in victim-reporting sans a change in the existing criminal justice culture. Police officers, rape clinics, medical personnel, and other victim service providers should be trained to deal more effectively with crime victims in the sexual minority (see Cook-Daniels, 2006). Education on same-sex violence and hate-based crimes targeting sexual minorities should be implemented immediately. Distribution materials on rape and sexual assault should be altered to include male victims (gay or straight), and woman-on-woman sexual violence. Part of creating a safe climate for rape survivors is ensuring staff members refrain from homophobic, biphobic, or transphobic comments. Another recommendation includes diversification of law enforcement staff and outreach workers. Gay men, lesbians, bisexuals, and transgender individuals should be recruited into criminal justice fields and victim services; this could promote tolerance and understanding (Girshick, 2002), although research on recruitment effects of women and Blacks into law enforcement careers suggests that tokenism, and other issues, limit their ability to change the culture of the profession (see Belknap, 2006). Thus, change will not be easy.

The availability of assistance and support for male rape victims, of any sexual orientation, is about 20 years behind that of female rape survivors (Walker et al., 2005). Recall, male survivors of sexual assault may be less likely to report or seek treatment for their assault, partly because these men view rape crisis centers and hotlines as serving only women (Scarce, 1997). In a study on the topic, male rape survivors were asked how victim services could be improved (Walker et al., 2005). The most frequent response was to mirror the resources that male-on-female rape victims receive; these included listening to victims and believing their stories, and increasing awareness and education about male rape (Walker et al., 2005). Public attention is

needed to expose this social problem and to decrease the stigma and discrimination associated with living as a male rape survivor.

The existence of woman-on-woman rape should be acknowledged, too, and appropriate support systems implemented. Victims themselves struggle with labeling this experience as rape because of the paucity of coverage that woman-on-woman rape exists (Cook-Daniels, 2006; Girshick, 2002). Descriptive and inclusive terminology should be used: “lesbian,” “bisexual,” “gay,” and so in a victim service’s mission statement, literature, and the media ads should highlight same sex couples (Cook-Daniels, 2006; Girshick, 2001). This will more clearly delineate that lesbians and bisexuals are accepted and will further help achieve a sense of inclusiveness for lesbians and their bisexual counterparts at women-centered victim agencies. Finally, when a transgender victim requests assistance law enforcement, outreach workers, and medical personnel should be trained on the issues and should be sensitive to the victim’s use of pronoun and his/her specific needs (Munson, 2006).

Chapter six: Sexual victimization occurring in prisons*

The horrors experienced by many young inmates, particularly those who are convicted of nonviolent offenses, border on the unimaginable. Prison rape not only threatens the lives of those who fall prey to their aggressors, but it is potentially devastating to the human spirit. Shame, depression, and a shattering loss of self-esteem accompany the perpetual terror the victim thereafter must endure (*Farmer v. Brennan*, (92-7247), 511 U.S. 825 (1994), United States Supreme Court Justice Harry Blackmun).

Introduction

Prisons and jails are dangerous and violent places and more Americans than ever before are behind bars, especially people of color. As of June 30, 2007, Bureau of Justice Statistics' data revealed there were 2,375,615 men, women, and juveniles in custody in United States correctional facilities, where there is a strong overrepresentation of ethnic and racial minorities (Sabol & Couture, 2008; Sabol & Minton, 2008). Stated alternatively, according to the Bureau of Justice Statistics, on any given day 1 in 100 American adults are behind bars in the United States (PEW Institute, 2008), with Black male incarceration rates over 4 times as great as White males and Hispanic male incarceration rates nearly 2.5 times as high as White males (Sabol & Couture, 2008; Sabol & Minton, 2008). Inmates are at high-risk for sexual advances, sexual harassment and abuse, sexually transmitted diseases, and rape. Given the overrepresentation of racial and ethnic minorities in jails and prisons (see Sabol & Couture, 2008; Sabol & Minton, 2008) sexual violence in correctional facilities disproportionately affects people of color.

The high prevalence rate of sexual victimization behind bars, sadly, has made it an accepted part of the prison experience (Lewin, 2001, as cited in Dumond 2003), not entirely different from the assignment of an inmate identification number or prison garb. For decades the problem was overlooked and disregarded by correctional officials, policymakers, and researchers causing some to label it "America's most ignored crime problem" (Lehrer, 2001). Although

* The author thanks Cecily Ouimet and Jennifer Schneider for reviewing and commenting on this chapter and Kristin Curtis, Michael Longo, and Andrew "Pete" Paolini for research support.

male inmates are commonly the perceived victims of prison rape, female inmates are not immune, yet even less is known about sexual assaults in female institutions. In part, the lack of research on female prison rape is attributed to their small composition of the overall prison population. Yet, according to prison and jail statistics compiled by the Bureau of Justice Statistics, the percentage of incarcerated women continues to outpace that of men. For example, in 2006 female incarceration rates rose by 2.5 percent while the number of men in state and federal prisons increased by 1.5 percent.³¹

The Prison Rape Elimination Act (2003) is the first meaningful legislation aimed at changing how correctional institutions, and others, respond to prison rape. The impetus to this legislation is linked to an overwhelming response to the Human Rights Watch's publication (2001), *No Escape: Male Rape in U.S. Prisons*, which ignited an awareness of the pervasiveness, health risks, psychological and social fallout, and security risks associated with widespread sexual assault in male prisons. This investigation included data from male correctional institutions in 37 states as well as the Federal Bureau of Prisons. Results suggested that most institutions denied that prisoner sexual assaults are a problem and that only about half of the surveyed institutions routinely maintained data specific to sexual assaults in their facility (see Mariner, 2001). The Prison Rape Elimination Act mandated that correctional facilities maintain accurate records of sexual victimizations against prisoners and that a national data collection system be established.

Federal monies fund competitive research projects designed to enhance our understanding of: the prevalence of sexual victimization in the prison system, factors contributing to prison rape, victimization risk factors, consequences of abuse, and best practices to stop prison rape.

³¹ For further information see <http://www.ojp.usdoj.gov/bjs/prisons.htm>.

Prevalence

Research on prison rape, such as it is, dates back to the 1960s and collectively suggests that sexual assaults behind prison walls have always been a problem, and may actually be on the rise (see Hensley, Dumond, Tewksbury, & Dumond, 2002; for a full review of prior research see Hensley & Tewksbury, 2002). For example, in a 1968 study by Davis, over three percent of approximately 60,000 male Philadelphia inmates experienced sexual assault while incarcerated (Cotton & Groth, 1982; Hensley et al., 2002). A decade later, Lockwood (1978) determined that sexual assault affected 28 percent of male inmates in New York State facilities (Hensley et al., 2002).

Many factors, methodological and beyond, impact the prevalence of prison rape. Dangerousness of the institution, prisoner-staff ratios, overcrowding, security measures, climate of tolerance to sexual victimization, inmate reporting, measurement, design and definitional issues associated with the study, among others, all lead to variability in outcomes. For example, one meta-analysis found that, across studies, prison rape varied from a high of 41 percent to a low of about 1 percent (Gaes & Goldberg, 2004). One of the main inhibitors to accurate comparisons across studies is the operationalization of the concept itself. To illustrate, when the term prison rape is narrowly defined (“forced oral or anal intercourse”) 14 percent of Californian male inmates were identified as victims (Dumond, 2003; Wooden & Parker, 1982, as cited in Hensley et al., 2002). In comparison, when the act of prison rape is defined more broadly, estimates tend to rise. For instance, roughly 45 percent of male inmates in Midwestern prison facilities responded in the affirmative when asked if they had experienced rape, sexual assault, or “pressuring” into forced sexual encounters (Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson, 1996, as cited in Dumond, 2003).

Research on sexual victimization within female prisons suggests lower incidence rates than what is found in male facilities. The high-end estimates revealed a 27 percent rate of sexual coercion among women in a large Midwestern prison, and considerably lower rates (8 percent to 9 percent) in two smaller facilities (Sieverdes, 1983, as cited in Struckman-Johnson & Struckman-Johnson, 2002). These lower occurrence rates are consistent with many newer published studies. For instance, Hensley, Castle, & Tewksbury (2003) reported that 4.5 percent of surveyed female inmates experienced sexual coercion during their incarceration, much lower than what is experienced in men's prisons. In addition to the unevenness in rape prison rates in male versus female facilities, the types of sexual abuse in female prisons is distinct from that of male correctional facilities. For example, only 1 in 5 female prison sexual assault cases involved intercourse; forceful fondling was much more prevalent. This differs from sexual victimization that occurs in male institutions; the majority of which involve oral or anal assaults.

As noted earlier, congressional recognition that sexual assault behind bars was of epidemic proportions was instrumental in the passage of the Prison Rape Elimination Act (2003). There are many facets to the law, including mandated sexual assault reporting and prevention strategies. PREA data (2005) culminated in a U.S. Department of Justice report indicating that 6,241 claims of sexual violence were reported in our nation's prisons, and 885 incidents were substantiated by correctional authorities (Harrison and Beck, 2006). The difference between reported and substantiated cases is most likely the result of definitional inconsistencies, reporting procedures, as well as the rigorousness of investigations (Harrison and Beck, 2005). Thus, official figures are likely to grossly underestimate the actual occurrence of prison rape. Still, even the substantiated instances of prison rape demonstrate it is widespread problem in our nation's jails and prisons.

In 2005, the State of New Jersey received federal PREA funds to conduct a state-wide prison rape study. To encourage as much participation as possible researchers presented the survey to inmates as a “quality of prison life” investigation, because the topic is less emotionally charged. All 14 New Jersey prisons, both male and female institutions, were represented in the study. Approximately 7,000 men and 600 women or slightly more than 34 percent of the New Jersey prison population were surveyed. The broad conceptualization of sexual victimization used in this study produced occurrence rates and offender information that differs from much of the extant literature. Specifically, Wolff and colleagues (2006) learned that 21 percent of female inmates in New Jersey prisons reported at least some type of inmate-on-inmate sexual victimization within 6 months of being questioned, and 7.6 percent of female inmates reported a sexual victimization by a staff member within the preceding 6 month period. In comparison, 4.3 percent of male inmates reported experiencing an inmate-on-inmate sexual attack during the same time interval and 7.6 percent said they were assaulted by a staff person within 6 months of being surveyed (Wolff, Blitz, Shi, Bachman, & Siegel, 2006). The fact that women in New Jersey prisons are assaulted in greater proportions than male inmates and that they seem more at-risk of sexual harm by other female inmates, rather than by male staff, contradicts most other studies (see Hensley & Tewksbury, 2002). Still, the New Jersey finding on women’s risk of inmate-to-inmate prison rape does not stand alone (see Dumond, 2003, p. 355 for a similar finding).

Victim-Offender Relationship

As previously noted, victims of prison rape are at-risk of assault by fellow inmates and staff members (see Dumond, 2003; Hensley et al., 2002; Starchild, 1990; Struckman-Johnson & Struckman-Johnson, 2002). In their study of seven Midwestern prisons, Struckman-Johnson &

Struckman-Johnson (2000) found that male and female staff persons were guilty of making sexual overtures or sexually assaulting anywhere from 20 percent to 50 percent of the prison inmates who identified as victims of prison rape (as cited in Hensley et al., 2002). Furthermore, the U.S. Department of Justice (Harrison & Beck, 2006) reported that nationally prison officials were the perpetrators in nearly half of the 8,210 claims of sexual violence. More precisely, 38 percent of rapes involved staff members, as did 17 percent of prison sexual harassment cases. Thirty-five percent of prison rapes were inmate-on-inmate as were 10 percent of sexual harassments (Harrison & Beck, 2006). Additionally, at least one study found that male prison guards are deliberate in their selection of vulnerable inmates to victimize. More specifically, Baro (1997) determined that the female victims of (male) staff perpetrated prison rape often had pre-incarceration histories of sexual abuse and drug dependency (Struckman-Johnson & Struckman-Johnson, 2002). Collectively, these findings indicate that prisoners are susceptible to victimization by inmates as well as the staff persons hired to monitor and protect them.

Research on inmate-on-inmate prison rape suggests several risk factors. These items include: youth and inexperience regarding the rules of prison life; physically small or weak; suffering from emotional, cognitive, or physical limitations; lacking gang affiliation and street-smarts; illustrating homosexuality or effeminate qualities; failure to be accepted by one's peers; and, a prior history of sexual victimization (Dumond, 2003; Starchild, 1990). The first days of incarceration also seem to be an especially high-risk period for inmate-on-inmate rapes. By one account, 57 percent of all such attacks occurred within the first month of incarceration (Nacci & Kane, 1983). For instance, Mariner (2001, p. 11-12) presented the case of Randy Payne, a 23-year-old imprisoned in a Texas maximum security prison:

Within a week of entering the prison in August 1994, Payne was attacked by a group of some twenty inmates. The inmates demanded sex and money, but Payne refused. He was beaten for almost two hours; guards later said they had not noticed anything until they found his bloody body in the dayroom. He died of head injuries a few days later.

The risk factors for female inmate-on-inmate sexual attacks are more dubious as there are fewer studies available for review. It does appear, however, that women who are first-time offenders, young, and have intellectual limitations are at increased risk of sexual assault by fellow inmates (Brown, 1998). The increased risk in sexual victimizations among cognitively impaired persons is more fully addressed in chapter two.

Consequences

The litany of harms caused by sexual victimization is well-known. Possible physical and emotional outcomes can be immediate, long-term, and in severe cases, deadly. Victims of rape and sexual assault suffer from anxiety, depression, Post-Traumatic Stress Disorder, substance abuse, suicide ideation, relationship and trust issues, feel stigmatized and isolated, engage in a host of risky behaviors, develop sexually transmitted diseases, and struggle with anger and rage (Elliott, Mok, & Briere, 2004). When males are sexually victimized they often question their masculinity and their sexual orientation (Cotton and Groth, 1982 as cited in Struckman-Johnson, Struckman-Johnson, Rucker, Bumby, & Donaldson, 1996). Male rape victims also seem to suffer more severe physical injuries than female victims (Walker et al., 2005). A victimized male inmate could be labeled a 'punk' and subsequently compelled to engage in years of sexual slavery and torture (Dumond, 2003). Furthermore, an increased perception of vulnerability to

harm and the belief that they are “damaged goods” is often more pervasive among male rape survivors (Mezey & King, 1989).

After the first episode of sexual abuse, attempted suicides and suicidal ideations increase. Survivors of prison rape may perceive this as the “only way” to avoid future prison rapes or as the sole escape from serving an additional type of sentence while behind bars; that of sexual slavery (Dumond, 2003). Suicide rates in California and Texas prisons were nearly double the rate of suicide in the general American population, which may be the repercussion of rampant sexual abuse in these institutions (Hayes, 1995 as cited in Dumond, 2003). Sexual assaults that occur in prison are associated with a high probability of exposure to sexually transmitted diseases, among them HIV, the virus that causes AIDS. Inmates are particularly vulnerable to these diseases, especially HIV because sexually transmitted diseases are often over-represented among prison populations (Degroot, 2001, as cited in Dumond, 2003).

Special Issues

Research on male rape has concluded, as has research on the sexual assault against females, that rape is not sexually motivated; rather, it is used as a weapon to exert power and control over the victim. This is certainly true in prison where inmates are stripped of most of their autonomy, independence, and power. The motivations for prison rape may also be racially charged. Some leading prison researchers have concluded that “Black-on-White assaults were acts of revenge and retaliation for the countless years of oppression by the White male dominated society” (Hensley & Tewksbury, 2002, p. 237; see also Scacco, 1975). Furthermore, what appears to be consensual sexual activity among (male) inmates may actually be a coerced “consent” (i.e., sexual slavery) in an effort to avoid further harm (Hensley & Tewksbury, 2002). Further, prison rape (by some accounts in both male and female institutions) increases the

likelihood that a victim will be assaulted by multiple offenders (Alarid, 2000, as cited in Hensley & Tewksbury, 2002). For example, Groth's work (1979) indicated that 80 percent of sexual assaults in male prisons involved multiple offenders, compared to 30 percent of male rapes occurring outside of prison settings. This poses special concerns with prison rape because gang rapes are more likely to result in serious physical injury (or death) to the victim, as compared to single assailant attacks (Hensley & Tewksbury, 2002).

One of the most enduring and serious consequences associated with prison rape is the increased possibility of HIV transmissions and infections. It is well-documented that HIV rates are much higher in prisons than they are in the population-at-large. Another special circumstance associated with this form of victimization is the denial of "victim" status or that prisoners are "true" rape victims (Struckman-Johnson, et al., 1996). Conservative commentators may perceive prison rape as part of the "cost" of committing crime and one of the consequences for getting caught. The issue of credibility and concerns over inmate manipulation also cast skepticism over accusations or "claims" made by prisoners. These dynamics exacerbate the generalized doubt and double-standard that rape survivors face when reporting their victimization.

Prison rape survivors must contend with a myriad of other unique issues. For instance, consider the limited power of an inmate who has been sexually assaulted by a staff member, an individual directly responsible for his/her safety and custody. What if the accusation is not believed? What are the ramifications? Prison write-ups, loss of privileges, and other restrictions would not be uncommon consequences. The situation for the inmate who is attacked by a cellmate or other prisoner is not much better. Notification to authorities can result in the victim's relocation to a solitary location, which entails significant immobility and social restrictions. Thus, the facilities' "protection" may feel more like "punishment" to the victim (Hensley &

Tewksbury, 2002). Additionally, reporting the victimization to authorities may construct the inmate as a “prison snitch,” a violation of the unofficial prison code of ethics and, thereby, signaling one’s physical vulnerability to a sexual attack and also potentially increasing the risk of additional attacks.

Until most recently, few questioned the assumption that most sexual relations in female prison institutions were consensual (see Giallombardo, 1966; Greer, 2000; Selling, 1931). “One of the prominent themes in research on female inmates’ social and sexual cultures has been the issue of pseudofamily – make believe – formations” (Hensley & Tewksbury, 2002, p. 231). Constructions of these familial relationships are unique to female prison institutions and seem to serve as surrogate families providing social and emotional support. These arraignments include roles for brothers, sisters, aunts, and uncles with the more mature “married” inmate couples playing the role of the family matriarchs or parents (Giallombardo, 1966). Although the existence of these female inmate-centered family units is well-documented, several issues are now in question. Are the relationships sexual in nature? If sexual activity defines some of these arraignments, is it consensual? Do these pseudofamilies still punctuate the female prison culture? Existing studies are unable to fully answer whether these “make-believe” families exist in today’s women’s prison and if the majority of sexual relations among female inmates remain consensual. Newer research does not substantiate these familial constructions (see Greer, 2000) and surprisingly, evidence is mounting to suggest that female inmates may be at equal or greater risk of inmate-on-inmate sexual assault compared to their male counterparts (see Hensley, Castle, & Tewksbury, 2003; Wolff et al., 2006).

Criminal Justice and Other Systems' Responses

The Prison Rape Elimination Act (2003) is the first official large-scale attempt to acknowledge and address the problem of sexual assaults in our nation's jail and prison system. Heretofore, the criminal justice system had done little to protect and serve the needs of prison rape victims or even acknowledge the existence of sexual violence in prisons. The denial and invisibility of prison rape survivors and a perceived lack of empathy by correctional officials, in addition to other barriers, deters victim reporting (see Hensley & Tewksbury, 2002). Furthermore, medical intervention and other victim related services are almost non-existent in prison settings and prosecution of prison rapists is extraordinarily rare. An example to the apathy by authorities and inmates to prison rape is illustrated below,

M.R. spends several months trying to escape the rapist, facing repeated abuse. He filed grievances over the first couple of rapes in an effort to draw the attention of prison officials; they were returned saying the sexual assaults never occurred. On the last day of December, the rapist showed up on M.R.'s wing and threatened to kill M.R. with a combination lock. "I was in the dayroom. I remember eating a piece of cornbread and the next thing I knew I woke up in the hospital," M.R. recalled. A room full of prisoners saw the rapist nearly kill M.R. and then rape him in the middle of the dayroom. The rapist hit M.R. so hard with the lock that when M.R. regained consciousness he could read the word "Master," the lock maker, on his forehead. Four years later, a Human Rights Watch researcher could still see the round impression of the lock on the right side of his forehead. In all, M.R. suffered a broken neck, jaw, left collarbone, and finger; a dislocated left shoulder; two major concussions, and lacerations to his scalp that caused bleeding on the brain. Notwithstanding the extreme violence of the attack, and despite

M.R.'s best efforts to press charges, the rapist was never criminally prosecuted (Mariner, 2001, p. 12).

In the instance when prison rapists are punished at all, administrative or informal sanctions are the typical course of action. Hopefully, the Prison Rape Elimination Act and its corresponding effect will prioritize ending prison rape. Additionally, the public should be concerned about the crime of prison rape from a humanitarian perspective as well as from a public safety stand-point. Nearly all inmates will eventually be released back into our communities. The more physically and emotionally scarred, angry, and alienated they are after leaving prison, the more at-risk the public is of being re-victimized at the hands of these offenders. Stated alternatively, prisoners who are victimized behind bars present an increased recidivism risk to the community. According to Stop Prisoner Rape,³² sexual assaults of prisoners result in direct (inmates) and indirect victims (society-at-large) because inmates who are raped have higher recidivism and re-incarceration rates than their non-sexually assaulted counterparts. In addition, they are involved in increased levels of violence and substance abuse (Stop Prisoner Rape). Furthermore, victims of prison rape require increased mental health services and medical services specific to sexually transmitted diseases and HIV (Stop Prisoner Rape). The federal government has also acknowledged the serious nature and the consequences of prison rape. To summarize, prison rape “increases the risks of recidivism, civil strife, and violent crime by individuals who have been brutalized by prison rape...” (Prison Rape Elimination Act, 2003).

³² See <http://www.spr.org/en/factsheets/basics.asp> for additional information.

Policy Recommendations

Prisons and jails need to modify and modernize their response to sexual violence and sexual harassment. Additional security measures should be implemented to help deter sexual violence and protect inmates. This includes special measures to ensure the safety of inmates in the first 30-60 days they are in the facility, as this is the most at-risk time. Researchers Nacci & Kane (1984) and Parker (1982), as cited in Hensley et al. (2002), recommend intake inmate classification and risk assessment of each inmate. Segregating the population of aggressive, sexually abusive inmates would hinder interactions between the young, scared arrivals, and the forceful perpetrators (Bartollas et al., 1974, as cited in Nacci & Kane, 1984).

Staff members should be thoroughly investigated and screened for a history of abusive behavior. Staff should undergo training on the dangers of sexual assault and harassment. If prison staff commits acts of sexual assault disciplinary actions and/or criminal charges should be investigated and pursued where appropriate. Staff ratios should be sufficiently high to discourage or eliminate opportunities for officers or inmates to commit prison rape. To enhance security and deter acts of violence, changes in prison architecture and surveillance are recommended (Cotton & Groth, 1982; Dumond, 2003; Hensley et al., 2002; Nacci & Kane, 1984). For example, additional cameras and/or staff presence in showers, perimeters of the cellblocks, transportation vehicles, stairways and storage areas, could help decrease the number of incidents (Cotton & Groth, 1982).

Correctional institutions should re-think their bans on masturbation and conjugal visitations, say some experts (see Hensley & Tewksbury, 2002). Condom distribution should be considered as one avenue to reduce the transmission of HIV and other STDs occurring between consensual inmate sex partners (Hensley & Tewksbury, 2002). Policies supportive of inmate

reporting of sexual abuse (or witnesses of sexual abuse) should be instituted, adhered to, and heavily advertised/well-documented within the institution. Appropriate health interventions, treatment, and psychological services should be available to victims of prison rape. Perhaps most importantly, a mentality of intolerance concerning this behavior by staff members, correctional officials, and inmates is necessary and should be encouraged at all costs.

Chapter seven: Sexual victimization against cultural, ethnic, and racial minorities, and immigrants*

The study of women abuse has rarely included empirical analyses of race, culture, or ethnicity (Walker, 1995, p. 239). A review of the published literature in psychology, sociology, anthropology, medicine, and law reveals a paucity of research on both the prevalence of IPV in immigrant communities and how immigrant status impacts women's risk for abuse.

Furthermore, the small body of research conducted in this area has failed to include major immigrant and refugee populations, in particular, Europeans and Africans (Raj & Silverman, 2002a, p. 368).

Introduction

Generally speaking, domestic violence, and to a lesser extent sexual abuse, has been the focus of intense scrutiny over the last two decades. However, only most recently have researchers focused on how these forms of interpersonal violence impact cultural, ethnic, and racial minorities; thus, they qualify as one of the understudied populations included in this report. The lack of attention afforded to cultural, ethnic, and racial populations, that collectively are projected to account for roughly 50 percent of this country's population by the year 2050, seems remarkable (U.S. Census Bureau, 2004; West, 2007).

The literature available for review impacts the contents of this chapter in the following ways: 1) there is an overall paucity of empiricism on victimizations occurring within minority populations; and, 2) the bulk of existing studies investigate sexual violence as a subcategory of intimate partner violence as opposed to a stand-alone topic. Also, within the immigrant populations more studies were located on victimizations occurring against South Asians (encompassing India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, and Sikkim) (Abraham, 1999; Merchant, 2000), Vietnam, Latinos, and China, than other populations. This may be impacted by their respective representations within the United States as statistics suggest that

* This author extends gratitude to J.C. Williams and Patricia Barahona for reviewing this chapter and thanks Kristin Curtis for research support.

African Americans, Hispanics, Asian Americans, and American Indians will nearly comprise the majority of our country's populace by the year 2050 (U.S. Census Bureau, 2004). This chapter reports on the risk factors, victim-offender relationships, outcomes of abuse, specific cultural issues associated with abuse and how the criminal justice system and social service agencies respond to the problem of violence against cultural, ethnic, and racial minorities, and immigrants. Policy recommendations are subsequently offered.

Prevalence

Although prevalence rates vary across minority populations, most experts agree that interpersonal violence is all-too-common and that cultural, ethnic, and racial minorities, and immigrants experience sexual abuse at rates that are equal to or exceed the rate of sexual violence against Anglo-Americans. Recent studies with Latina, South Asian, and Korean immigrants demonstrate that 30 percent to 50 percent of these women have been sexually or physically victimized by a male intimate partner (Dutton, Orloff, & Hass, 2000; Raj & Silverman, 2002b; Rodriguez, 1995, Song, 1996, as cited in Raj & Silverman, 2002a, p. 367).

Some of the pitfalls associated with compiling accurate incidence and prevalence rates require review. First, a common obstacle for measuring sexual violence in any population is underreporting by victims; sexual assaults have one of the lowest reporting rates of any criminal activity (Centers for Disease Control and Prevention, 2007). For instance, only 38.3 percent of all sexual victimizations (males or females) are reported to the police (Bureau of Justice Statistics, 2006). These percentages are likely to be even lower in minority communities (Lee & Law, 2001). Second, much of the information on violence within cultural, ethnic, racial, and immigrant populations or against people of color or cultural minorities is anecdotal in nature or from convenient sampling. This presents generalizability challenges. Third, survey data

collected by independent researchers or research centers often exclude illiterate or non-English speaking respondents (Kanuha, 1994). National data sources have attempted to correct many of these shortcomings yet problems remain. For example, National Crime Victimization Survey (NCVS) data often report racial findings using binary categories: Hispanic versus Non-Hispanic or White versus Non-White. These sorts of categorizations limit information for any specific cultural, ethnic, and racial group, and immigrants.

Best estimates suggest that 1 out of every 4 families in the population-at-large experience intimate partner violence and 35 percent to 50 percent of minority families have some history of domestic violence (see Abraham, 1999; Dasgupta, 2000; Raj & Silverman, 2002a; Yick & Agbayani-Siewert, 1997). Investigations that disaggregated sexual abuse from other forms of violence found that, here too, immigrant women experience increased risk of abuse when compared to their White counterparts (see Abraham, 1999; Dasgupta, 2000; Gill, 2004). To illustrate, Margaret Abraham's investigation on South Asian immigrant women found that 60 percent of her sample experienced forced sexual encounters with their husbands (Abraham, 1999). This rate far exceeds the rate of sexual violence in the population-at-large (see Bureau of Justice Statistics, 2006).

Findings from the National Violence Against Women Survey (NVWS) found that when racial, cultural, and ethnic minorities were examined as a collective "minority" group, the lifetime prevalence risks of rape, physical assault, and stalking were similar for Whites and Non-Whites (see Tjaden & Thoennes, 2000). For example, 17.7 percent of White women and 19.8 percent of Non-White women reported experiencing a rape or completed rape at some point in their life (Tjaden & Thoennes, 2000). However, when the minority groupings were disaggregated differences emerged in the risks of violent victimizations for Native Americans (American

Indians/Alaska Natives). More specifically, Native Americans were much more likely than White women or Black women to report they had been sexually assaulted or stalked (Tjaden & Thoennes, 2000). Sexual victimization data suggests that as many as one in two of American Indian women experience some form of sexual violence (Hamby, 2004). According to another source, the prevalence of sexual abuse among these women is slightly lower, with one in every three Native American/Alaskan Native females becoming the victim of a sexual assault in her lifetime (Oversight Hearing, 2007). If even these lower estimates are accurate, women in Native American communities are sexually victimized at three times the national average (Oversight Hearing, 2007).

By some accounts, African American men and women also experience increased rates of violence. In a recent Bureau of Justice Statistics special report, Black Americans are overrepresented as victims of lethal and non-lethal violence (Harrell, 2007). National Crime Victimization Survey (NCVS) and Uniform Crime Reports (UCR) data for the years 2001-2005 reveal that Blacks experience higher rates of violence than Whites, Hispanics, and Asians. American Indians are the only ethnic minority group that outpaces the victimization of Blacks in all crimes of violence; including rape and sexual assault (Harrell, 2007). Additionally, according to the 2005 National Crime Victimization (NCVS) figures, the rate of rape/sexual assault for White men is half (0.1 per 1,000 persons over the age of 12) that of African American men (0.2 per 1,000) (Bureau of Justice Statistics, 2006). The racial disparity among sexual victimization rates is even more pronounced for women. Black women experience three times the rate of rape/sexual assault (3.1 per 1,000) as their White counterparts (1.1 per 1,000).³³ In sum, although

³³ Many studies, especially those utilizing smaller sample sizes or different methodological techniques, have not confirmed an increased sexual victimization prevalence rate among Black women when compared to their White counterparts (see Washington, 2001).

not in perfect harmony, most experts believe that racial, ethnic, and cultural minorities and immigrants experience increased risks of domestic and sexual violence. The factors believed to contribute to increased victimization rates among minority communities are addressed in the forthcoming sections.

Victim-Offender Relationship

Research consistently confirms that individuals are most likely to be sexually assaulted by someone they know, and usually in a private residence; not by unknown strangers lurking in dark alleyways. These patterns hold irrespective of the population under examination. More specifically, in only 31 percent of rape or sexual assault cases are offenders categorized as “strangers” to their victims and only about 3 percent of rapes or sexual assaults (or attempts) occurred in an outside location (Bureau of Justice Statistics, 2006). It is much more common for victims to be sexually assaulted in a private residence (Bureau of Justice Statistics, 2006). Depending upon the data used and the victim population under review, intimate partners, or ex-partners are estimated to account for 30 percent to 50 percent of all sexual victimizations. To illustrate, according to the National Violence Against Women Survey (NVAWS), almost half of sexual victimizations against American Indians were committed by an intimate partner (Tjaden & Thoennes, 2000). Sadly, American Indians also experience a higher than normal risk of sexual violence by strangers (Tjaden & Thoennes, 2000).

Immigrant women who have been sexually victimized within their home, the most likely scenario, are usually residing with the offender, who is most often an intimate partner (Cazenave & Straus, 1990). However, due to cultural differences that value intergenerational domiciles, immigrant women experience multiple risks of sexual victimization in the home (Liao, 2006). In other words, the pool of potential offenders in the home is increased (father-in-laws, brother-in-

laws, uncles, etc.) (Gill, 2004). Cohabiting family members can also indirectly increase violence and victimization targeting immigrant women. A Korean woman living in New York explains that living with her husband's family provides him with multiple advocates and her with multiple victim-blamers (Nah, 1993, as cited in Menjívar & Salcido, 2002, p. 904):

I live with my husband's parents and brother. Whatever my husband tells my mother-in-law (about the abuse), all the blame falls to me. They think I made him do it. Once my husband told his mother that he wanted to move out; all my in-laws accused me of inciting my husband.

Cultural factors play a role in increasing the risks of abuse for immigrant women in other ways. Some of these commonly cited factors are language barriers, fears of the legal system or deportation, social isolation, cultural and religious beliefs that view women as property of men, and previous negative experiences when they reached out for assistance in their countries of origin (Goelman, Valente, & Welsh, 2007; Menjívar & Salcido, 2002). Violence researchers elaborate on these cultural restraints using the following rationale,

These women face the difficulty of challenging traditional gender structures, where they usually hold a lower-status, while at the same time trying to make use of the options that have become available to them through social service providers. Other factors may compound this lack of support, as when the abusive partner is the primary source of income for the extended family or when social norms exist that encourage women to sacrifice themselves for the sake of other family members (Menjívar & Salcido, 2002, p. 905).

Thus, getting out of these situations is extraordinarily difficult.

Consequences

Emotional and psychological consequences of a rape can be immediate and chronic. Survivors of sexual violence, from all walks of life, may experience Post-Traumatic Stress Disorder, emotional turmoil, and loss of self-esteem, denial, avoidance, depression, and anxiety (Abraham, 1999; Lefley, Scott, Llabre, & Hicks, 1993). Feelings of shame, fear, and embarrassment can become severe and may be exacerbated by language or cultural barriers. In some cases, these victims feel so isolated and desperate that suicide seems preferable to surviving (Gill, 2004). There are a string of physical symptoms associated with sexual victimization. These can be visible injuries such as bruises, cuts, scratches, broken bones, bloody noses, and black eyes and therefore easily noticed. Some physical injuries are more discrete and harder for outsiders to notice or to recognize. Some common examples are: vaginal bleeding and bruising, STDs, genital injuries and gynecological complications including chronic pelvic pain, pelvic inflammation disease, and urinary tract infections (Stop the Violence Against Women, 2006). In extreme cases, rape or sexual assault can be deadly.

Special Issues

Racism, negative gender stereotypes, linguistic obstacles, cultural tenets, family shame, community ostracism, precarious residency-legal status, fear of deportation, and lack of awareness of shelters and victim services and/or reluctance to use White-run centers result in unique consequences for cultural, ethnic, and racial minority, and immigrant rape survivors (Abraham, 1999; Liao, 2006; Menjívar & Salcido, 2002; Washington, 2001). Our country's heritage of racism has profoundly affected crime victims of color, especially Black women. The legacy of institutional and individual racism, fear of abuse, and negative treatment by law enforcement officials contribute to underreporting of violence and abuse by Black women

(Washington, 2001). There is an unspoken “Black cultural mandate to protect male offenders from criminal prosecution” Washington explains (2001, p. 1257). Given that rape is generally intra-racial, victims of color feel “they are protecting their own” by not reporting their victimization. Crime victims of color also believe that they have distinct needs and wishes for recovery that (typically) White middle-class victim services providers do not recognize, anticipate, or understand (Washington, 2001).

Cultural, ethnic, and racial minorities, and immigrants are subject to numerous negative gender and racial stereotypes that distinguish them from their White counterparts. For instance, the feminist literature on sexual victimization discusses how females are separated into two distinct categories—“Madonnas” or “whores” (Feinman, 1986). Females who fit into the “Madonna” category are those who subscribe to the accepted societal role of what it means to be a “good woman.” The “Madonnas” are nurturing, caring, compliant, and produce children whereas the “whores” deviate from these socially desirable traits (Feinman, 1986). However, Young (1986) finds that the Madonna/whole duality is applicable only to White women; Black females have no “good girl” category. Rather, her work finds that women of color fit into four distinct categories, all of which are negative. The *amazon* woman is characterized as aggressive, violent, and capable of defending herself. The *sinister sapphire* is defined as vengeful, provocative, and not credible. The *mammy* is typically seen as inept, passive, and annoying and the final category, the *seductress*, is motivated by her sexuality and hormones and, therefore, deemed noncredible as both a victim and a professional (Young, 1986).

Furthermore, DeFour (1990) contends that women of color face an increased risk of sexual harassment due to these negative stereotypes of Black women. Additionally, research finds that females of color receive the least amount of support from the criminal justice system

when reporting sexual harassment. This is most likely due to societal stereotypes that perceive women of color as highly sexualized beings. For instance, DeFour (1990, p. 49) highlights that Latin women are viewed as “hot-blooded,” Asian females are regarded as “exotic sexpots,” and American women are seen as “devoted to male elders.”

Because of the aforementioned societal views, gender and racial stereotypes impact notions of rape victims and offenders. For instance, societal perceptions of a legitimate rape victim conjures up images of a White middle-class woman just as conventional ideals regarding rapists suggest a dark-skinned, male perpetrator (Fonow, Richardson, & Wemmerus, 1992). The empirical evidence suggests a different story. White males are the predominant offenders of sexual assault and across time rapes have been intraracial (Bureau of Justice Statistics, 2006). Even so, African-American men are disproportionately convicted of the crime of rape (Fonow, Richardson, & Wemmerus, 1992), and are known to receive more punitive sentences upon conviction.

When women occupy multiple stigmatized statuses, it becomes increasingly difficult to overcome their negative effect. For instance, King (1988) writes that “double marginality,” “double jeopardy,” and “intersectionality” occur when women hold secondary positions in both sex and race. And similarly, women of color who also are poor face “triple jeopardy” due to their sex, race, and socioeconomic status (King, 1988). The culminating effect of negative racial and gender biases influences victim reporting and how authorities will respond to allegations of abuse.

Traditional cultural tenets and community opinion dictate that domestic and sexual violence are “private, family affairs,” not social problems or criminogenic events. Immigrant populations have actually denied the existence of domestic violence shelters and related support

groups because it would publicly acknowledge their existence (Dasgupta, 2000). Furthermore, Pleck (1983) noted that immigrant victims of intimate partner violence are often reticent to seek protection from authorities because to do so invites the government to interfere with a “family affair” thus undermining the historical authority of the family (Menjívar & Salcido, 2002). Although patriarchal ideals of women-as-men’s-property may appear universal, the way these notions about women, relationships, and women’s place in the world are expressed are impacted by a victim’s socioeconomic status and the specifics of her migration history to the United States (Dasgupta, 2000; Raj & Silverman, 2002a). Moreover, if a woman leaves an abusive relationship or speaks negatively about her abuser, she risks being treated as a traitor by members of her own community (Dasgupta, 2000) or labeled by insiders as a “Westernized” woman, a stigma carrying negative connotations (Liao, 2006).

Linguistic difficulties and unfamiliarity with the United States’ criminal justice system are additional obstacles that immigrant rape survivors grapple with, in addition to, the litany of more commonly associated consequences of abuse. These factors, along with social isolation, make escape from domestic and sexual violence extremely difficult for all immigrant women (Menjívar & Salcido, 2002).

As noted previously, immigrant crime victims are also reluctant to report domestic and sexual violence out of fear that either they or their spouse could be deported. These women tend to be especially dependent on their husbands and, often, their husband’s family for survival (Gill, 2004; Merchant, 2000). For instance, the female’s immigrant status is often linked to their husband’s. If these women, who in some cases are undocumented, report their husband’s abuse to the police there is a substantial risk that the woman/victim could be deported (Raj & Silverman, 2002a). As a result, abusers often exploit the victim’s fear of deportation and/or fear

of separation from her children (Gill, 2004; Morash, Bui, Zhang, & Holtfreter, 2007). The abuser's threats about the safety and/or potential deportation of her or her children often outweigh regard for her own well-being.

Criminal Justice and Other Systems' Responses

Similar to the aforementioned understudied and underserved populations, cultural, ethnic and racial minority, and immigrant crime victims have been neglected by the criminal justice system. Racism, shame, embarrassment, fear of deportation, unsympathetic attitudes, and a lack of compassion from law enforcement and other victim-service providers punctuate the official responses to these crime victims and result in secondary victimizations (see Karmen, 2006; Terry, 2006). For instance, police perceived it to be a "waste of time" to make arrests in these cases because domestic and sexual violence was "a way of life for these people" (i.e., Blacks, immigrants, gays and Native American populations) (Menjívar & Salcido, 2002). Research on policing has consistently documented the low approval ratings Black Americans have for law enforcement and found that levels of fear and mistrust run high (see Belknap, 2006; Buzawa & Buzawa, 2003). Thus, Black victims are less likely to report rape and other forms of violence. Victim-service providers are similarly viewed with suspicion, and often perceived by crime victims of color as "racist and classist" ... (Washington, 2001, p. 1257; see also Donnelly, Cook, & Wilson, 1999, as cited in Hamby, 2004). Stigmatized minority groups have a general reluctance to air their dirty laundry to outsiders. Speculation regarding this code of silence suggests "publicity acknowledging social problems that exist with Black families and communities will fuel ... claims that Blacks are inherently pathological, crime-ridden, or otherwise inferior" (Dalton, 1995, as cited in Washington, 2001, p. 1268). Therefore, crime victims can be motivated to remain silent as a means of "protecting" their community.

Officers with conservative and/or traditional ideals about women and women's role in society tend to resolve domestic violence cases informally, as opposed to arresting the abuser (Abraham, 2000). Below is an example of an immigrant woman's experience of reaching out to authorities for protection from her abusive Korean husband (Abraham, 2000, p. 122),

He was hitting me very badly. Then he started threatening to take my life. Somehow I escaped him and went and hid in the bathroom. Then I went outside and called the police and they came... They took me to the hospital... When I regained consciousness, I found that I had tubes going to me... at the hospital [they did] nothing... They [the police] just filled up some papers... I never called the police again...

In the end, it was her employer, not law enforcement, that the victim says put her into contact with services (South Asian Women's Organization) that helped her escape her abusive partner.

I went to the police station but the police didn't listen to me... My boss helped me. She called the police and got all the paperwork done. She also contacted a SAWO who then helped me" (Abraham, 2000, p. 123-124).

Another person of color, a young Black woman who was raped, relays her experience when police responded to the hospital where she was being treated for ensuring injuries (Washington, 2001, p. 1273),

I was examined at the hospital and the police officer—there were people in the waiting room and we were in an office with see-through glass—he wanted me to demonstrate on him how my assailant had grabbed me from the back. There were people; I felt so humiliated. I had to surrender my clothes, my underclothes, the clothes that were torn. I felt like I was put on display. They made me feel like the assailant versus being the victim.

Police officers are not the only criminal justice officials that are unresponsive to immigrant victims of violence. Court officials also do not adequately address violence occurring in racial, cultural, and ethnic minority, and immigrant communities (Abraham, 2000). With regard to immigrant victims, state-level judges often are not fully aware of the legal protections for battered immigrant woman mandated by federal legislation such as the Violence Against Women Act (Abraham, 2000). Similarly, judges are criticized for their unfamiliarity with pertinent martial customs of other countries (i.e., lack of marital documentation for South Asians) that could be important to case processing. Finally, a lack of female court translators is a major problem. Women may not be comfortable discussing domestic and sexual victimizations with men, particularly if they share the same heritage or social and gender values as their abuser (Abraham, 2000).

Unfortunately, negative attitudes, stereotypes, and false assumptions about minority victims of violence extend into the medical community (Abraham, 2000). Health care providers are more likely to assist victims that are proactive in leaving their abuser, an especially arduous undertaking for women of cultural, ethnic, and racial backgrounds. Health care providers are cited for their insensitivity to rape victims, especially those from racial, ethnic, or cultural minority groups, and immigrants (Abraham, 2000; Fifer, 1996, as cited in Hamby, 2004). Evidence suggests that White, middle-class mores are the norm among doctors and nurses who treat and collect physical evidence in these cases. These individuals can be insensitive to the realities of these women's lives and their cultural traditions, which create an uncomfortable interaction for victims (see Abraham, 2000; Hamby, 2004).

Legal mandates can work directly against immigrant women who are abused by their intimate partners. For example, immigration laws (which are very much in flux in this country)

typically require that couples remain married for “X” number of years before officials recognize the union. This requirement, which is designed to dissuade immigrants from using marriage to U.S. citizens as a mechanism to secure citizenship, can mean deportation for married immigrants who leave their abuser.³⁴ Furthermore, not being a U.S. citizen can limit access and eligibility to domestic violence shelters and rape crisis centers (Salcido, 2000). Linguistic obstacles and unmet dietary needs of some cultural and ethnic minorities make utilizing shelters even more dubious for these crime victims.

Native American survivors of domestic or sexual violence often encounter complicated jurisdictional issues (state, federal, and tribal justice systems could all be involved) and cultural preferences for restorative justice, peacemaking criminology, mediation, or other alternative dispute resolution options are often preferred over western justice philosophies. When this occurs Native American victim’s wishes for her case to be handled through these alternative methods are often ignored.³⁵ Even victim advocates stationed on Indian reservations are often uncomfortable with processing crimes of violence through the western criminal justice system, which is perceived within minority circles as racist (Hamby, 2000, as cited in Hamby, 2004). In 2006, Congress passed the Adam Walsh Child Protection and Safety Act, which will impact the Native American community. Title I of this legislation mandates new national standards for sex offender registration. This provision called Sex Offender Registration and Notification Act

³⁴ The 1994 Violence Against Women Act (VAWA) and its 2005 re-authorization provide Title VI protections for battered and sexually abused immigrant spouses making it easier for them to leave their abuser while not jeopardizing their citizenship application.

³⁵ The VAWA reauthorization mandates that the United States Attorney General allow Native American law enforcement agencies to view federal criminal information databases in cases of domestic and sexual violence. (National Task Force to End Sexual and Domestic Violence Against Women). Please see <http://nnedv.org/VAWA/VAWA2005Summary.PDF> for further information. Last viewed on August 12, 2007.

(SORNA) stipulates that tribal councils and governments become fully compliant with the aforementioned Act by July 2009 or defer the duties (in some cases tribes must defer to the sovereignty of the surrounding state) to the state or states that share a geographical border (P.L. 109-248). There are mixed reactions from the Native American tribes as to whether this provision is victim-oriented or simply a way to take legal authority from tribal justice systems (see National Native American Law Enforcement Association, 2007).

Still, the news is not all negative. There are a few promising programs that warrant special attention. For example, the New York City and Chicago police departments have ethnic and cultural specific training for their officers. The training is designed to promote tolerance and understanding among officers and enhance services to victims (Merchant, 2000). Specific to the state of New Jersey, there is an organization called Manavi. The organization was founded in 1985 and its primary focus is to “end all forms of violence against South Asian women living in the U.S.” (Manavi). The subagencies of Manavi are usually located in the community it serves. Many of the volunteers are South Asian and survivors of domestic violence. The hope is that a commonality of experience and cultural heritage will increase the client’s comfort and ultimately provide better service to victims. In conclusion, it is clear that minority victims of domestic and sexual violence are not receiving the support and services they need and deserve. Therefore, much remains to be done to improve the plight of cultural, ethnic, and racial minority, and immigrant survivors of sexual and domestic violence.

Policy Recommendations

There is a general consensus among researchers and advocates that more services are necessary and more racially and culturally sensitive provisions are desperately needed. First and foremost, it is imperative that racism, classism, sexism, and other prejudices be eliminated from

our larger culture and within the organizations that interact with these victims (Hamby, 2004; Liao, 2006). Training and education programs are needed for justice personnel, medical professionals, and victim-service providers. Enhanced sensitivity to the cultural values, issues, and barriers that these victims face should encourage more compassion and understanding by officials, advocates, and medical staff and subsequently may increase reporting rates and encourage victims to seek assistance (Huey-Long Song, 1992). Police departments, victim-services and court personnel should to recruit staff from the racial, ethnic, and cultural, and immigrant communities they serve to better mirror the communities. And hiring employees that speak the language(s) of the communities should be a top priority (Huey-Long Song, 1992). Both male and female translators should be available to consult with victims.

Research suggests that public education forums are the most effective means to improve police-community relations (Morash, Bui, Zhang, & Holtfreter, 2007; Raj & Silverman, 2002a). Towards that end, community-oriented education platforms should be established to better explain the laws governing domestic and sexual violence in this country and how these practices differ from a victim's country of origin (Huey-Long Song, 1992). Community members should be aware of available shelters, hotlines, and other relevant social services available to provide services and protection to survivors of domestic and sexual violence (Raj & Silverman, 2002a). Service providers need to minimize opportunities for victims to feel shame or embarrassment about their victimization (Lee & Law, 2001). Promises of confidentiality, normalizing a victim's feeling of shame or guilt, and strengthening the motivation of help-seeking efforts are suggested (Lee & Law, 2001).

Immigration laws and other legal mandates should recognize the pervasiveness and dangerousness of domestic and sexual violence and provide avenues for victims to seek personal

safety for themselves and their children, without jeopardizing their freedom or residency status. Sensitivity to the racial and cultural norms of the respective populations should be prioritized by law enforcement, medical responders, and victim-advocates. In some instances, this may mean that a victim's wishes for a "successful resolution" are different than what the one-size-fits-all-western criminal justice system defines as appropriate. For instance, American Indian communities have unique rituals that survivors find healing, but that are absent in the federal- or state-level court systems. Therefore, Native American advocates may be more therapeutic to American Indian women who are recovering from sexual abuse than traditional western-oriented advocates. One Native American woman discussed what helped her recover from her rape,

That helped me a lot...smudging [ritual purifying with the smoke of sacred herbs such as sage] and just doing a lot of different things about being strong and protecting myself, you know. The Native person can teach me how to protect myself in a Native way, like smudging, and not cutting my hair, and just leaving it on the ground so someone can stomp on it! ...And the music, powwow music was a big healing for my heart and made my heart strong again" (Senturia et al., 2000, p. 114-115, as cited in Hamby, 2004, p. 5).

Moreover, efforts should be made to replicate promising programs and to place services in communities where they can be easily accessed. Researchers should continue to reveal the plight of minority victims of violence and make meaningful suggestions for positive change. Immigration legislation and reforms should be guided by the realities of how these laws may adversely impact the safety of women and children. Efforts should be made to minimize "secondary victimizations" at the hands of lawmakers, criminal justice officials, and medical professionals. Victim-oriented support programs for minority communities should be increased, a lofty goal in political times that are punctuated by fear and uncertainty of immigrants.

Chapter eight: Sexual victimization against trafficked individuals and sex workers *

The trafficking of women for the purpose of sexual exploitation has become a global business operated by organized crime groups and is now viewed as having reached ‘critical proportions.’³⁶ Trafficking exists to meet the market demand for women who are used in brothels, the production of pornography and other aspects of the ‘sex industry.’ It is nothing more than a modern day slave trade (Bell, 2001, p. 165).

Trafficking in women and children for the purpose of sexual exploitation is a fundamental human rights issue for our generation; it will be our eternal shame if, through inactivity, we permit this evil trade to continue (Johnson, 1999, as cited in Bell, 2001, p. 175).

Introduction

Sexual victimization in the realm of prostitution may seem like an oxymoronic concept. Prostitutes are often deemed immoral, shameless, and undeserving of the basic rights and privileges granted to all human beings. Such a righteous stance on the issue, however, prevents opponents from seeing the larger issue. Prostitution is not simply the result of one woman’s decision. Prostitution is a result of the social and economic barriers that limit the opportunities of thousands of women in the United States and elsewhere. Many see sex work as a symptom of a structural disease that plagues cities across the country, and the world. This chapter examines the motives for entering the field as well as the inhibitors women face when trying to leave. Further, research that underscores the risks and consequences of sexual victimization that are unique to sex workers and trafficked individuals are highlighted.³⁷

Research reveals that women rarely enter into prostitution as a preferred career choice. Rather, disadvantaged backgrounds and limited educational, employment, and housing

* The author thanks Robert Harbold for helpful comments and suggestions and Shareda Coleman and Kristin Curtis for their research assistance and substantive contributions.

³⁶ The term ‘critical proportions’ was used in a speech by Marco Gramegna to the EU Conference on Trafficking in Women for Sexual Exploitation, Vienna, 10, June, 1996 (Bell, 2001).

³⁷ Because the published literature does the same, the terms sex worker and prostitute are used interchangeably, although there is a debate over which term is most suitable.

opportunities are the predominate precursors into the field (Jordan, 2002). In other instances, naïveté and coercion force women into prostitution, as is the case with human trafficking (Jahic & Finckenauer, 2005). A thriving business in its own right, human trafficking brings women from abroad to work as bonded laborers or prostitutes in destination countries (Jordan, 2002). While the differences between domestic and trafficked victims are noted, arguments illustrate how the two coalesce on issues related to risks markers, resources and health concerns. In each instance, the vulnerability of these women³⁸ fosters an environment conducive for sexual victimization.

Prevalence

Prostitution is categorized as an exchange of sex for monetary rewards or pay by other means such as with drugs, clothing, or a place to stay (Dalla, 2002). As this implies prostitutes are often dependent upon their clients to obtain the “necessities” of life. This dependency and the powerlessness associated with it can reduce ones inhibitions sufficiently to expose them to greater risks of sexual exploitation. Despite the stigma linked to sex work, its presence remains pervasive. For instance, nearly 85,000 individuals, predominantly women, were arrested in the United States in 2005 for prostitution related offenses (Uniform Crime Reports, 2006 a); (Uniform Crime Reports, 2006b). The enormity of this figure is best understood by examining the various pathways into sex work as well as the facilitators and perpetrators of the industry. Research suggests that prostitution begins early in life as the average entry age into sex work is 14 years old (SAGE). In fact, “worldwide an estimated 1 million children are forced into prostitution every year” (Alexander, 1998). In the United States, estimates of youth involved in prostitution range from 300,000 to 600,000 (Costello, 1997). Early entry into prostitution dictates prolonged “systematic sexual exploitation and inevitable devastating impacts on the physical and

³⁸ The primary focus of this investigation is on females because they are disproportionately impacted by the victimizations associated with human trafficking and sex work.

mental well being of women and girls” (O’Connor & Healy, 2006, p.). Despite the high risk of criminal victimization while working in the sex trade, victimization reporting by prostitutes is very low (Alexander, 1998). The public views prostitution as an indicator of crime, violence and neighborhood decay (Weitzer, 1999). As a result of the negative perceptions about prostitution, many women are too embarrassed to report their victimizations to law enforcement, in addition to being afraid of the police. Furthermore, because prostitutes vary by age, race, sex, and citizenship it can be assumed that each category would report victimizations at varying rates. At the transnational level trafficked victims are at a high risk for,

sexual exploitation, recruitment, transportation, harboring, or receipt of persons by means of the threat or use of force or other forms of coercion, of abduction, of fraud, of deception, of abuse of power or of a position of vulnerability or of the giving or receiving of payment or benefits to achieve the consent of a person having control over another person for the purpose of exploitation (Pan American Health Organization, 2001).

The human trafficking industry is responsible for an estimated 600,000 to 800,000 women and children annually and is now considered the third largest source of profits for organized crime worldwide (Miko, 2006; Miko & Park, 2003; U.S. Department of State, 2004). For example, organized crime organizations such as the Yakuza, the Triads, and the Mafia turn a profit of nearly 7 billion annually (HumanTrafficking.com). Though no country is immune to trafficking the majority of these victims originate from 1) Asia (including Japan, the Philippines, and Thailand); 2); the former Soviet Union and 3) Latin American and the Caribbean (Miko & Park 2003). The high poverty rates of these countries and traditional gender mores, contribute to women’s limited financial options and involvement and vulnerability to the sex industry (Jordan, 1992; O’Connor & Healy, 2006). While some victims are forced to work as bonded laborers in

sweatshops or restaurants, the majority (75 percent) of trafficked individuals are recruited specifically to work in the sex industry (Pan-American Health Organization, 2001). Of these, an estimated 45,000 to 50,000 are trafficked into the United States from abroad (O'Neill Richard, 1999).

Victim-Offender Relationship

Prostitutes may be recruited in the sex industry through an employment agency, broker, friend, or family member (Miller, 2006). Once recruited, prostitutes are often abused by both clients and owners (Alexander, 1998; PAHO, 2001). At the local level, street prostitutes continuously struggle to screen potentially dangerous “johns” (Alexander, 1998). In addition, street-level male bosses or “pimps” are known to abuse their own sex workers. Research suggests street sex workers are at the highest risks for violence, committed by their clients and others (Alexander 1998). A recent study on the perceived health needs of inner city prostitutes in Washington, D.C. found that 73.8 percent reported being raped while involved in prostitution (Valera, 2001). The study also found that though “johns” were most often the rapist (in 71.9 percent of the cases), “pimps” were also known to rape prostitutes (Valera, 2001). Globally, victims are also exploited by their clients as well as their traffickers (PAHO, 2001). In some instances, a family may sell his/her daughter to alleviate family poverty (Devine, 2007). Unbeknownst to the family, she may later be sold from “one master or brothel owner to the next frequently working up to 18 hours a day” (HumanTrafficking.com). In other instances, young women are deceived by false advertisements for international domestic positions only to end up working in a brothel in their destination countries (HumanTrafficking.com; Miller, 2006). Regardless of the method of entry, sex trafficked victims endure beatings, rape, and psychological trauma, all in the name of compliance-by-fear (Miller, 2006). Recent interviews with women

trafficked into the United States reveals that victims are at-risk for harm by clients, in addition to the abductors (Hynes & Raymond, 2002). Twenty-four percent of these respondents reported head injuries, 12 percent incurred broken bones and over half of the women reported at least one vaginal injury significant enough to cause bleeding and tissue damage (Hynes & Raymond, 2002). These attacks may be prompted by benign requests on the part of the woman such as expecting the men wear a condom (O'Connor & Healy, 2006).

Consequences

Sexual victimizations result in a variety of temporary and permanent side effects. Research suggests that women who are victimized by male violence suffer “bodily injury, disability, homicide, and suicide; severe stress and psychological trauma; substance abuse; a plague of sexually transmitted diseases, infections, and non-infectious diseases; and unwanted pregnancy, miscarriages, abortions, and infertility” (Hynes & Raymond, 2002). In fact, “rape survivors are nine times as likely to attempt suicide and suffer severe depression as non-victims” (Hynes & Raymond, 2002). A 1994 survey of sixty-eight prostitutes from Minneapolis/St. Paul found that 46 percent of the women attempted suicide and 19 percent tried to mutilate or harm themselves (Hynes & Raymond, 2002). The study also highlighted the presence of “self-medication through alcohol and drugs” as 94 percent of the women admitted to some chemical addiction (Hynes & Raymond, 2002). In addition, sexually transmitted diseases, chief among them HIV, are one of the most “serious hazards to prostitutes” (Alexander, 1998). Research suggests that condom breakage combined with pressure women face not to use condoms facilitates the spread of the disease from john to prostitute (Alexander, 1998; Hynes & Raymond, 2002; O'Connor & Healy, 2006). In the short term, women may suffer the vaginal discomfort that comes with working during menstruation, the pain of a bladder infection, or the soreness of

having sex with 15 men in 1 night (Alexander 1998; Devine, 2007; Miller, 2006). Yet, the long term physical, psychological, and emotional effects are much more devastating. The stigma associated with prostitution, in addition to the inherent exploitation intrinsic in the industry, contributes to the psychological trauma of rape survivors (Alexander, 1998). Low self-esteem and poor body image are also a result of the verbal abuse prostitutes endure from pimps and johns (O'Connor & Healy, 2006). Even after escaping the industry women are still haunted by their past exposure. Some of the painful reminders of their previous profession include "fibroids, decreased sexual desire and chronic pelvic pain" (O'Connor & Healy, 2006). The disassociation (disconnecting from reality) that women experience often causes barriers to intimate sexual relations with future partners (O'Connor & Healy, 2006).

While many of the consequences of sexual victimization transcend border lines there are some that are unique to trafficked victims. Police raids that halt immediate harm and exploitation also initiate the first step in the process of deportation of victims to source countries (Miller, 2006). These women return home with little or no money, an unwanted child, or pregnancy, and in some cases, sexually transmitted diseases (Devine, 2007; Miller, 2006). Because many victims come from cultures that value sexual purity, women fear ridicule or ostracism if returned home (Miller, 2006). Research documents that Burmese women returned to Burma [i.e., deported] and testing positive for HIV have been executed by the state (Miller, 2006). Consequently victims deem themselves tainted and have a difficult time reconciling their negative experiences with their fundamental religious or cultural beliefs (Miller, 2006).

Bell (2001) chronicles the consequences of victimization of Xie Mei Chen, a 22-year-old female from China. She hoped to immigrate to the United States and obtain a job as a housekeeper. In the fall of 1994, she was kidnapped by a man with whom she was discussing a

possible job offer. She was then informed she was going to the United States and if she resisted in any way, she would be killed. She was first sent to Mexico and then to a brothel in New York when she was informed that she must work as a prostitute in order to repay her \$20,000 ‘travel fee.’ Chen refused and then her captors beat and forced her to have sex with numerous men. Following this brutal victimization, Chen was then taken to Los Angeles and locked in a brothel. She was raped, burnt with cigarettes, and forced to have an abortion. If she did not comply with the demands of her captors, they threatened to kill her family in China. When Chen thought that she had ‘repaid’ the \$20,000 ‘fee,’ and thus earned her freedom she learned that the ‘fee’ had been tripled to \$60,000. By increasing the fee, the abductors continued to hold Chen and forced her to endure horrid victimizations. In 1996, Chen escaped.

Special Issues

Trafficked victims of sex work face unique challenges when attempting to escape. To begin, the pressure and isolation of residing in a foreign country is overwhelming. Additionally, the commonly-faced language barrier coupled with the fear of deportation and the threat of retaliation against family members still residing in their country of origin often impedes victims of sex trafficking from seeking help (Miller, 2006). Victims of this crime are often forced, defrauded, and coerced into forced labor or sexual exploitation. Victims of sex trafficking are frequently physically abused and/or sexually assaulted as a way to garner their “compliance” into the sex trade (Graham, 2006). Sadly, it is common for these women to be in debt bondage to their trafficker for travel, room and board, or medical expenses. However, the costs associated with these expenses are arbitrarily inflated, making repayment unlikely (Miller, 2006).

Much debate has emerged regarding the best way to define, measure, and solve the problem of trafficking in persons. Governments have typically been concerned with the

organized crime aspect of human trafficking while advocacy groups are more focused on promoting their specific agendas (Jahic & Finckenauer, 2005). Indeed, the government as well as non-governmental organizations (NGOs), international organizations (IOs) and advocacy groups are all stakeholders in the solution of this problem. Each focuses on a different aspect of human trafficking. The scope of this discussion was limited to sex trafficking in an attempt to emphasize the human rights aspect of this particular crime. According to the Coalition Against Trafficking in Women (CATW) website “all prostitution exploits women,” therefore freedom from oppression is a basic human right that should be prioritized and that all women should enjoy³⁹.

Too often victims receive inadequate attention and care because they are blamed for their own condition. The “just world hypothesis” is a popular form of victim blaming where society believes that only bad things happen to “bad” girls. The public and criminal justice system view these incidents as something the woman brought onto herself by the way she was dressed, by her overall appearance, or the fact she engaged in risky behavior such as being alone at a bar late at night (Hubbard & Sanders, 2003). The “just world” notions allow a false sense of security by suggesting risk and harm can be managed and controlled so long as individuals behave appropriately. Prostitutes’ exposure to sexual victimizations becomes an accepted way of life, along with victim blaming, gender inequality, and poverty (Wahab, 2004). In many instances the violence sex workers experience is seen as a liability of the profession rather than a legitimate law enforcement concern (Alexander, 1998; Hynes & Raymond, 2002). Still, the “Madonna vs. whore duality” serves to further blame victims for their own condition. Madonna victims are vulnerable women who deserve assistance (almost always reserved for White females only) while whore victims are deemed unworthy of redemption or support (Jordan, 2002). The moral

³⁹ Please see <http://www.catwinternational.org/about/index.php> for further information.

implication of this division makes governments and NGOs more inclined to assist Madonna victims than whore victims (Jordan 2002).

In addition, a division is often drawn between those prostitutes who “*choose*” their profession and those who are forced into the field against their will. However, the issue of consent is much more complex than a simple yes or no. Research further indicates that those who say “yes” only do so when they see no other way out of their situation (Clayton, 1996). Research suggests that many women prostitute because they feel it’s the only way to feed their drug habit, get money for their education, or provide for their child(ren) (CATW, 2005; Clayton, 1996). Although thousands of women are involved in sex work, prostitution remains an inherently exploitative and violating industry (O’Connor & Healy, 2006). Public perceptions should change to understand that no one would choose to sell her body for survival if she had other realistic options (Bramham, 2006). Therefore, equal resources and funding should be allotted to those domestic sex workers who feel as powerless as trafficked victims.

Criminal Justice and Other Systems’ Responses

The criminal justice system varies in its response to the victimization of sex workers. At the local level, law enforcement has managed to contain prostitution within certain locales while simultaneously turning a blind eye to the inherent violence and abuse women suffer in the industry (Alexander, 1999; Weitzer, 1999). At times, the political climate demands a crackdown on prostitution and the authorities increase raids and arrests. Yet because such a high-level police presence is not sustained, the crackdowns become merely temporary interruptions to such activities (Weitzer, 1999). In addition, research suggests that the visibility of prostitutes often determines the level of criminal sanctions (Alexander, 1999; Weitzer, 1999). Street prostitutes are targeted by law enforcement at a greater extent than sex workers in brothels or massage

parlors (Weitzer, 1999). However, the criminal justice system is equally divided in its response to the trafficked victims often found in brothels or massage parlors (Devine, 2007; Human Rights Watch, 2002, HumanTrafficking.com). The conflict rests between domestic and international law as it relates to the sex trade.

The United Nations Convention Against Transnational Organized Crime helped lay the foundation for a collective solution to the international problem of prostitution (United Nations, 2000). The Convention turned its attention to the needs of trafficked victims when it developed the *Protocol to Prevent Suppress and Punish Trafficking in Persons Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime*. While the Protocol intends to “prevent and combat” trafficking in persons while also “protecting and assisting victims,” historically it has been overridden by domestic immigration laws (United Nations, 2000). For example, until most recently law enforcement prioritized the legal (or illegal) immigration status of these women and girls rather than her status as a victim of human trafficking for the purpose of forced prostitution (Miller, 2006). As a result, victims of human trafficking that do not possess legitimate paperwork have been routinely deported back to their country of origin (Miller, 2006; WorldRevolution.org). Changes to the 2005 re-authorization of the VAWA Title VI hope to fix this problem by creating legal protections and escape options that do not jeopardize chances of successful immigration. Yet fear of deportation continues to cripples trafficking victims, often rendering them powerless against their traffickers.

Freedom from oppression should take precedence over all policies that sanction the subjugation of women. While progress has been made to end the sexual victimization of women much more needs to be done. In order to increase the visibility of these women, the public should

be educated on the plight of local and international sex workers. A comprehensive approach may be necessary to ensure prosecution of offenders without jeopardizing victims.

Policy Recommendations

Although there has been increased interest in the current condition of sex workers no consensus has been reached about the long-term goals for rehabilitating prostitutes or on the efficacy of existing measures of reintegration. At the local and transnational level research has failed to thoroughly examine the process by which victims are targeted, introduced, and supported by government resources.

It is not enough to subscribe to a safe sex motto and simply distribute condoms to local prostitutes (Clayton, 1996). Nor is it sufficient to rescue trafficked victims only to deport them immediately (Miller, 2006; United Nations, 2005). More should be done to improve the educational and vocational resources of prostitutes thus increasing their life chances domestically and abroad. More should also be done to expose and eradicate the organizations that promote, facilitate, and defend sex trafficking. The proliferation of the sex industry is sustained only by women's social and political inferiority to men and a male dominated demand for women to satisfy their sexual needs (O'Connor & Healy, 2006). The first step, then, to tackling the issue is to prioritize women's rights worldwide over the specific political and economic agendas of any one country. At the local level, policies that perpetuate the stigma against sex workers should be eliminated. At present, involvement in sex work "may be grounds for denial of tourist or immigration visa work permit and/or citizenship" (Alexander, 1999). In addition, research suggests that current or past work in the industry is frequently used as a justification for the removal of children from a sex worker's care" (Alexander, 1999). The "scarlet letter" that sex workers wear does little to stifle the proliferation of the sex industry. As an alternative, support

and leniency should be granted to these women as they are in fact victims of a criminal offense. Funding should be increased for agencies that advocate on behalf of sexual assault victims. One agency in particular, known as Services Empowering Rights of Victims (SERV), provides sexual victimization and prostitution outreach for both Camden and Gloucester counties in southern New Jersey.⁴⁰ SERV, part of the non-profit organization Center for Family Services (CFFS), offers free, confidential, and non-discriminatory services to any victim of sexual trauma. A twenty-four hour crisis hotline is open for victims who may need services and assistance dealing with local police or emergency hospital care. Some of the services SERV provides include advocacy, crisis intervention, and aftercare with counseling, therapy, and support groups for survivors of sexual violence and trauma ages 12 and older. In the Spring 2005 newsletter publication, the Center for Family Services located in Camden, New Jersey, announced the SERV involvement with college campuses and schools within the surrounding area in an effort to spread public awareness of sexual victimization to people of all ages.⁴¹ Victims of sexual abuse can contact the organization and obtain assistance and support based on their individual needs. Similar agencies across the nation have been created to address the concerns of victims.

In addition to preventive measures by independent agencies, the local governments should implement legislation that reflects their support for victims of sexual assault. Moreover, municipalities should embrace a rehabilitative approach to sex workers, rather than the present retributive perspective. Women arrested for prostitution should be offered drug treatment and medical attention and should be referred to vocational housing and educational opportunities. Younger workers, in particular, should be given leniency. Instead of being remanded to detention

⁴⁰ For additional information refer to www.centerffs.org/servprogram.htm.

⁴¹ CFS Programs Support Victims of Sexual Violence
www.centerffs.org/newsevents/documents/Spring2005webedition.pdf

facilities they should benefit from diversion programs that grant them a second chance (Graham, 2006). Furthermore, it is imperative for officials to “[discard] their willful blindness that strip clubs, escort agencies, and massage parlors are anything other than fronts for prostitution. They need to stop licensing them and living off the avails of the fees and taxes” (Bramham, 2006, p.). In doing so, local governments will send a message of zero tolerance for the sexual exploitation of women.

At the transnational level, increased surveillance of source countries should continue. Particular attention and sanctions should be given to countries that have a high propensity to engage in human trafficking (e.g. North Korea, Burma, and Cuba). More importantly, women in source countries should be made aware of the potential dangers associated with deceitful “brokers” who make arraignments for them to come to the United States in exchange for “work” (HumanTrafficking.com). Victims of human trafficking should be granted immunity and temporary visas regardless of their ability to assist in the prosecution of their traffickers (Bramham, 2006; Shigekane, 2007).

It is vital that law enforcement learn effective techniques for identifying and interacting with trafficked victims (Bramahm, 2006). Law enforcement and court officials should expect victim reticence with criminal investigations and prosecutions due to fear of reprisal from offenders, deportation, and/or shame of being identified as a sex worker (U.S. Department of State, 2005). Likewise, they should be sensitive to the cultural and language barriers that might ensue as a result of their interactions.

The federal government is increasingly aware of the pervasiveness of human trafficking within borders of the United States. In 2006, the U.S. Attorney General’s office awarded nearly \$8 million to encourage and support criminal prosecutions of human traffickers and to assist its

victims. Undoubtedly, the Trafficking Victims Protection Act of 2000 (TVPA) played a key role in establishing support services for victims. However the TVPA has been criticized for adopting a narrow “prosecution-approach” to combating trafficking (Shigekane, 2007). The controversial Act provides services and resources only for victims who cooperate with the criminal justice system (Shigekane, 2007). Instead, eliminating the conditional clause and extending these services to all survivors of sex trafficking could prove beneficial for all victims of sex trafficking. In sum, local and international policies should be ratified to separate and prioritize the victimization of these women over the supposed immorality of the sex trade industry.

Appendix A

Exhaustive list of indexes and databases

Academic Search Premier

Access World News

CINAHL (Nursing)

Contemporary Women's Issues

Criminal Justice Abstracts

EBSCOhost (Academic Search Premier)

Google

Google Scholar

JSTOR

LexisNexis Academic

Medline (EBSCO)

Medline (Ovid)

MEDLINE In-Process & Other Non-Indexed Citations

Nursing & Allied Health Collection: Comprehensive

PsychiatryOnline

PsycINFO (including PsycARTICLES)

PubMed

ScienceDirect

Social Sciences Full Text

Social Sciences Citation Index

Social Work Abstracts

Sociological Abstracts

SpringerLink

Wilson OmniFile Full Text, Mega Edition

Women's Studies International

Works Cited

- Abraham, M. (1999). Sexual Abuse in South Asian Immigrant Marriages. *Violence Against Women*, 5, 591-618.
- Abraham, M. (2000). *Speaking the Unspeakable: Martial Violence among South Asian Immigrants in the United States*. New Brunswick: Rutgers University Press.
- Alexander, P. (1998). Sex Work and Health: A Question of Safety in the Workplace. *Journal of American Medical Women's Association*, 53, 77-82.
- American Medical Association. (n.d.). Medical Library. Accessed on May 22, 2008, from http://www.medem.com/search/article_display.cfm?path=n:&mstr=/ZZZBRKNPVAC.html&soc=AMA&srch_typ=NAV_SERCH. Last viewed on May 29, 2008.
- Asanti, T. (1997). Sexism In The 90's: Is It Really a Man's World? *Lesbian News*, 22, 30-32.
- Bachman, R., & Meloy, M.L. The Epidemiology of Violence Against the Elderly: Implications for Primary and Secondary Prevention. *Journal of Contemporary Criminal Justice*, 2, 186-197.
- Bachman, R., Lachs, M., & Meloy, M. (2004). Reducing Injury through Self-Protection by Elderly Victims of Violence: The Interaction Effects of Gender of Victim and the Victim/Offender Relationship. *Journal of Elder Abuse & Neglect*, 16, 1-24.
- Bachman, R., & Paternoster, R. (1993). A Contemporary Look at Rape Law Reform: How Far Have We Really Come? *Journal of Criminal Law and Criminology*, 84, 554-574.
- Ball, H.N. (2005). Sexual Offending On Elderly Women: A Review. *The Journal of Forensic Psychiatry & Psychology*, 16, 127-138.
- Baladerian, N. (1991). Sexual Abuse of People with Developmental Disabilities. *Sexuality and Disability*, 9(4), 323-335.
- Baro, A.L. (1997). Spheres of Contest: An Analysis of the Sexual Abuse and Sexual Exploitation of Women Incarcerated in the State of Hawaii. *Women and Criminal Justice*, 8, 61-84.
- Beail, N. and Warden, S. (1995). Sexual Abuse of Adults With Learning Disabilities. *Journal of Intellectual Disability Research*, 39, 382-387.
- Belknap, J. (2006). *The Invisible Woman*. (3rd ed.). Belmont, CA: Thomson & Wadsworth, Inc.

- Bell, R. E. (2001). Sex Trafficking: A Financial Crime Perspective. *Journal of Financial Crime*, 9, 165-177.
- Berman, R. (1978). Psychogenic Visual Disorders in an Abused Child: A Case Report. *American Journal of Optometry and Physiological Optics*, 55, 735-738.
- Bledsoe, W. (2006). Criminal Offenders Residing in Long-Term Care Facilities. *Journal of Forensic Psychology*, 3, 142-146.
- Bramham, D. (2006 December 16). Prostitution Is A Crime—Against Prostitutes: By Calling Them ‘sex-trade workers-; The Legalizers and Decriminalizers Don’t Acknowledge That It Is Not A Job of Choice. *The Vancouver Sun*. Retrieved February 22, 2007, from LexisNexis database.
- Briere, J., & Runtz, M. (1988). Multivariate Correlates of Childhood Psychological and Physical Maltreatment Among University Women. *Child Abuse and Neglect*, 12, 331-341.
- Brochman, S. (1991). Silent Victims: Bringing Male Rape Out of the Closet. *The Advocate*, 582, 38-43.
- Brown, W.A. (1998). *Nowhere to Hide: Retaliation Against Women in Michigan State Prisons*. New York: Human Rights Watch.
- Browne, A., & Finkelhor, D. (1986). Impact of Child Sexual Abuse: A Review of the Literature. *Psychological Bulletin*, 99, 66-77.
- Brownmiller, S. (1975). *Against Our Will: Men, Women, and Rape*. New York: Bantam.
- Brownridge, D.A., & Halli, S.S. (2002). Double Jeopardy?: Violence Against Immigrant Women in Canada. *Violence and Victims*, 17, 455-472.
- Buchanan, A., & Wilkins, R. (1991). Sexual Abuse of the Mentally Handicapped: Difficulties in Establishing Prevalence. *Psychiatric Bulletin*, 15, 601-605.
- Buchwald, E., Fletcher, P.R., & Roth, M., (Eds). (1993). *Transforming a Rape Culture*. Minneapolis, MN: Milkweed Editions.
- Bureau of Justice Statistics. (2004). Data Collections for the Prison Rape Elimination Act of 2003. *Congressional Record*, Vol. 149, 1-6. Washington, D.C.: U.S. Department of Justice. Retrieved June 27, 2008 from <http://www.ojp.usdoj.gov/bjs/pub/pdf/dcprea03.pdf>
- Bureau of Justice Statistics. (2006). *Criminal Victimization in the United States, 2005 Statistical Tables*. Retrieved August 23, 2007 from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics <http://www.ojp.usdoj.gov/bjs/pub/pdf/cvus05.pdf>.

- Burgess, A.W. (2006). *Elderly Victims of Sexual abuse and Their Offenders*. United States Department of Justice. Washington, D.C. Retrieved April 3, 2007, from <http://www.ncjrs.gov/pdffiles1/nij/grants/216550.pdf>.
- Burgess, A.W., & Morgenbesser, L.I. (2005). Sexual Violence and Seniors. *Brief Treatment and Crisis Intervention*, 5, 193-202.
- Burke, L.K., & Follingstad, D.R. (1999). Violence in Lesbian and Gay Relationships: Theory, Prevalence, and Correlational Factors. *Clinical Psychology Review*, 19, 487-512.
- Buzawa, E.S., & Buzawa, C.G. (2003). *Domestic Violence: The Criminal Justice Response*. (3rd ed.). Thousand Oaks, CA: Sage Publications, Inc.
- Caccamise, P., & Mason, A. (2004). Policy Paper: New York State Summit Targets Elder Abuse: The Time to Act is Now. *Journal of Elder Abuse & Neglect*, 16, 41-62.
- Catalano, S.M. (2004). Criminal Victimization, 2003. Retrieved June 15, 2005, from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics <http://www.ojp.usdoj.gov/bjs/pub/pdf/cv03.pdf>.
- Cazenave, N. A., & Straus, M. A. (1990). Race, class, network embeddedness and family violence: A search for potent support systems. In M.A. Straus & R.J. Gelles (Eds.), *Physical violence in American families* (pp. 321-340). New Brunswick: NJ.
- Center for Research on Women with Disabilities. (n.d.). Violence Against Women with Disabilities—Fact Sheet #2: Policy Issues and Recommendations. Prepared by Margaret A. Nosek for the Baylor College of Medicine. Retrieved November 13, 2005, from <http://www.bcm.edu/crowd/?pmid=1410#4>.
- Centers for Disease Control and Prevention. (2007). Sexual Violence: Fact Sheet. Retrieved on August 11, 2007, from <http://www.cdc.gov/ncipc/factsheets/svfacts.htm>.
- Center for Research on Women with Disabilities. (2002). Violence Against Women with Physical Disabilities: Final report submitted to the Center for Disease Control. Houston, TX: Baylor College of Medicine.
- Clark, L.M.G., & Lewis, D.J. (1977). *Rape: The price of coercive sexuality*. Toronto, Canada. The Women's Press.
- Clayton, M. (1996). Sex Trade Lures Kids From the Burbs. *Christian Science Monitor*, 88, 9.
- Coalition Against Trafficking in Women. (n.d.). An Introduction to CATW. Retrieved May 24, 2008, from <http://www.catwinteranational.org/about/index.php>. Last viewed on May 29, 2008.

- Cole, S.S. (1984). Facing the Challenges of Sexual Abuse in Persons with Disabilities. *Sexuality and Disability*, 7, 71-88.
- Coles. W. (1990). Sexual Abuse of Persons with Disabilities: A Law Enforcement Perspective. *Developmental Disabilities Bulletin*, 18(2), 35-43.
- Cook-Daniels, L. (2006). Seeing Past the "L": Addressing Anti-Male Bias in Sexual Assault Services for the "LGBT" Community. Retrieved June 21, 2007, from <http://www.wcasa.org/docs/ConnectionsLGBT.pdf>.
- Costello, G. (21 September, 1997). Exploited Child Unit of the National Center for Missing and Exploited Children, "Danger for prostitutes increasing, most starting younger." Akron Beacon Journal.
- Cotton, D.J., & Groth, A.N. (1982). Inmate Rape: Prevention And Intervention. *Journal of Prison & Jail Health*, 2, 47-57.
- Dalla, R. L. (2002). Night Moves: A Qualitative Investigation of Street-Level Sex Work. *Psychology of Women Quarterly*, 26, 63-73.
- Dasgupta, S. D. (2000). Charting the Course: An Overview of Domestic Violence in the South Asian Community in the United States. *Journal of Social Distress and the Homeless*, 9, 173-185.
- Davies, M. (2002). Male Sexual Assault Victims: A Selective Review of The Literature and Implications For Support Services. *Aggression and Violent Behavior*, 7, 203-214.
- DeFour, D.C. (1990). The Interface of Racism and Sexism on College Campuses. Albany: State University of New York Press. In M.A. Pauludi (ed.), *Ivory Power: Sexual Harassment on Campus* (pp. 45-52).
- Devine, S. (2007). Poverty Fuels Trafficking to Japan. *Herizons*, 20, 18-21.
- Donaldson, S. (1990). Rape of Males. In W. R. Dynes (Ed.), *Encyclopedia of homosexuality* (Vol. 2, pp. 1094-1098). New York: Garland Publication.
- Dugan, K. (2004). Elderly Often Unrecognized Victims of Sexual Abuse. Retrieved June 27, 2008, from <http://seniorjournal.com/NEWS/Eldercare/4-11-09SexualAbuse.htm>.
- Dumond, R.W. (2000). Inmate Sexual Assault: The Plague That Persists. *The Prison Journal*, 80, 407-414.
- Dumond, R. W. (2003). Confronting America's Most Ignored Crime Problem: The Prison Rape Elimination Act of 2003. *The Journal of the American Academy of Psychiatry and the Law*, 31, 354-360.

- Dunne, T.P., & Power, A. (1990). Sexual Abuse and Mental Handicap: Preliminary Findings of a Community Based Study. *Mental Handicap Research*, 3, 111-125.
- Edwards, D.J. (2005). Thinking About the Unthinkable: Staff Sexual Abuse of Residents; Although few staff members ever cross the line, those who do grab headlines, cost facilities millions, and destroy seniors' golden years. *Nursing Homes: Long Term Care Management*, 54, 44-47.
- Elliott, D. M., Mok, D. S., & Briere, J. (2004). Adult Sexual Assault: Prevalence, Symptomatology, and Sex Differences in the General Population. *Journal of Traumatic Stress*, 17, 203-211.
- Family Violence Against Women with Disabilities. (1992). The National Clearinghouse on Family Violence. Ottawa, ON. Retrieved January 8, 2007, from http://www.phac-aspc.gc.ca/ncfv-cnivf/familyviolence/html/femdisab_e.html.
- Farmer v. Brennan*, (92-7247), 511 U.S. 825. (1994). United States Supreme Court Justice Harry Blackmun.
- Feinman, C. (1986). *Women in the Criminal Justice System*. (2nd ed.). New York: Basic Books.
- Finkelhor, D., & Yllo, K. (1985). *License to Rape: Sexual Abuse of Wives*. New York: Free Press.
- Fisher, R.P., & Geiselman, R. E. (1992). *Memory Enhancing Techniques for Investigative Interviewing: The Cognitive Interview*. Springfield, IL: Charles C. Thomas Publisher.
- Fisher, B.S., Cullen, F.T., & Turner, M.G. (2000). *The Sexual Victimization of College Women*. Washington, D.C.: U.S. Department of Justice, Office of Justice Programs. Retrieved June 26, 2008, from <http://www.regionsix.com/Resource%20Library/Sexuality/Sexuality-Victim%20College%20Women.pdf>.
- Fonow, M.M., Richardson, L., & Wemmerus, V. (1992). Feminist Rape Education: Does It Work? *Gender and Society*, 6, 108-121.
- Furey, E.M. (1994). Sexual Abuse of Adults with Mental Retardation: Who and Where. *Mental Retardation*, 32, 173-180.
- Gaes, G.G., & Goldberg, A.L. (2004). *Prison Rape: A Critical Review of the Literature*. Washington, District of Columbia: National Institute of Justice.
- Gerstenfeld, P.B. (2004). *Hate Crimes: Causes, Controls, and Controversies*. Thousands Oaks: Sage Publications.

- Giallombardo, R. (1966). *Society of Women: A Study of Women's Prison*. New York: John Wiley.
- Gill, A. (2004). Voicing the Silent Fear: South Asian Women's Experiences of Domestic Violence. *The Howard Journal*, 43, 465-483.
- Girshick, L. (2002). *Woman to Woman Sexual Violence: Does She Call It Rape?* Boston: Northeastern University Press.
- Girshick, L. (2001). No More Denying: Facing Woman to Woman Violence. Retrieved June 21, 2007, from <http://www.wcasa.org/docs/ConnectionsLGBT.pdf>.
- Goelman, D., Valente, R., & Welsh, D. (2007). When Will They Ever Learn? Educating to End Domestic Violence: A Law School Report. Retrieved August 24, 2007, from American Bar Association Commission on Domestic Violence with support from the U.S. Department of Justice, Office for Victims of Crime, <http://www.ojp.usdoj.gov/ovc/publications/infores/etedv/etedvpdf.pdf>.
- Goffman, E. (1963). *Stigma: Notes on the Management of Spoiled Identity*. Englewood Cliffs, NJ: Prentice Hall.
- Golding, J.M. (1996). Sexual Assault History and Limitations in Physical Functioning in Two General Population Samples. *Research in Nursing & Health*, 19, 33-44.
- Graham, R. (2006 September 25). Cops: More Teenage Girls Becoming Prostitutes. MediaNews Group and ANG Newspapers. Retrieved February 22, 2007 from LexisNexis database.
- Greer, K. (2000). The Changing Nature of Interpersonal Relationships in a Women's Prison. *The Prison Journal*, 80, 442-468.
- Griffin, S. (1979). *Rape: The Power of Consciousness*. New York: Harper & Row, Publishers.
- Groth, A. (1979). *Men Who Rape: The Psychology of the Offender*. New York: Plenum.
- Groth, A.N., & Burgess, A.W. (1980). Male Rape: Offenders and Victims. *The American Journal of Psychiatry*, 137, 806-810.
- Gust, D.A., Wang, S.A., Grot, J., Ransom, R., & Levine, W. (2003). National Survey of Sexual Behavior and Sexual Behavior Policies in Facilities for Individuals With Mental Retardation/Developmental Disabilities. *Mental Retardation*, 41, 365-373.
- Hamby, S.L. (2004). Sexual Victimization in Indian Country: Barriers and Resources for Native Women Seeking Help. Retrieved August 17, 2007, from VAWnet. http://new.vawnet.org/Assoc_Files_VAWnet/AR_SVIndianCountry.pdf.

- Hanmer, J., & Maynard, M. (1987). *Women, Violence, and Social Control*. Atlantic Highlands, NJ: Humanities Press International.
- Harrell, E. (2007). *Black Victims of Violent Crime*. Retrieved August 20, 2007, from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics. <http://www.ojp.usdoj.gov/bjs/pub/pdf/bvvc.pdf>.
- Harrison, P.M., & Beck, A.J. (2006). *Sexual Violence Reported by Correctional Authorities, 2005*. Retrieved May 21, 2007, from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics <http://www.ojp.usdoj.gov/bjs/pub/pdf/svrca05.pdf>.
- Hensley, C., Dumond, R. W., Tewksbury, R., & Dumond, D. A. (2002). Possible Solutions for Preventing Inmate Sexual Beliefs: Examining Wardens' Beliefs. *American Journal of Criminal Justice*, 27, 19-33.
- Hensley, C., & Tewksbury, R. (2002). Inmate-To-Inmate Prison Sexuality: A Review of Empirical Studies. *Trauma, Violence, & Abuse*, 3, 226-243.
- Hensley, C., Castle, T., & Tewksbury, R. (2003). Inmate-to-Inmate Sexual Coercion in a Prison for Women. *Journal of Offender Rehabilitation*, 37, 77-87.
- Hickson, F.C.I., Davies, P.M., Hunt, A.J., Weatherburn, P., McManus, T.J., & Coxon, A.P.M. (1994). Gay Men as Victims of Nonconsensual Sex. *Archives of Sexual Behavior*, 23, 281-294.
- Hines, D.A., & Malley-Morrison, K. (2005). *Elder Abuse*. In *Family Violence in the United States*. Thousand Oaks, CA: Sage Publications, Inc.
- Houston, E., & McKirnan, D.J. (2007). Intimate Partner Abuse among Gay and Bisexual Men: Risk Correlates and Health Outcomes. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 84, 681-690.
- Hubbard, P., & Sanders, T. (2003). Making Space for Sex Work: Female Street Prostitution and The Production of Urban Space. *International Journal of Urban and Regional Research*, 27, 75-89.
- Huey-Long Song, J. (1992). Attitudes of Chinese Immigrants and Vietnamese Refugees Toward Law Enforcement in the United States. *Justice Quarterly*, 9, 703-719.
- Human Rights Watch. (2002). *Human Rights Watch World Report 2002: Women's Human Rights*. Accessed June 23, 2008, from <http://www.hrw.org/wr2k2/pdf/women.pdf>.
- HumanTrafficking.com. (n.d.). *Trafficking in Persons: The New Protocol*. Retrieved June 20, 2008, from <http://www.humantrafficking.com/humantrafficking/client/view.aspx?ResourceID=2807>
Initially published in 2003 by the United Nations Office on Drugs and Crime.

- Hynes, H.P., & Raymond, J.G. (2002). Put In Harm's Way: The Neglected Health Consequences of Sex Trafficking in the United States. In J. Silliman & A. Bhattacharjee (eds.), *Policing the National Body Sex, Race and Criminalization*. (pp.197-229). Cambridge, MA: South End Press.
- Impact. (2008). Serving Women with Developmental Disabilities: Strategies for the Justice System. Accessed on May 20, 2008, from <http://ici.umn.edu/products/impact/133/over7.html>.
- International Network for the Prevention of Elder Abuse. (2006). Retrieved on April 6, 2007, from <http://www.inpea.net>.
- Isely, P. (1991). Adult Male Sexual Assault in the Community: A Literature Review and Group Treatment Model. In Burgess, A.W. (Ed.), *Rape and Sexual Assault III: A Research Handbook* (pp. 161–178). New York: Garland.
- Jahic, G., & Finckenauer, J. (2005). Representations and Misrepresentations of Human Trafficking. *Trends In Organized Crime*, 8, 24-40.
- Jeary, K. (2005). Sexual Abuse and Sexual Offending Against Elderly People: A Focus on Perpetrators and Victims. *The Journal of Forensic Psychiatry & Psychology*, 16, 328-343.
- Jordan, A. (2002). Human Rights or Wrongs? The Struggle For A Rights Based Response To Trafficking In Human Beings. *Gender & Development*, 10, 28-37.
- Joyce, T.A. (2003). An Audit of Investigations Into Allegations of Abuse Involving Adults With Intellectual Disability. *Journal of Intellectual Disability Research*, 47, 606-616.
- Kalichman, S.C., Benotsch, E., Rompa, D., Gore-Felton, C., Austin, J., Luke, W., DiFonzo, K., Buckles, J., Kyomugisha, F., & Simpson, D. (2001). Unwanted Sexual Experiences and Sexual Risks in Gay and Bisexual Men: Associates Among Revictimization, Substance Use, and Psychiatric Symptoms. *The Journal of Sex Research*, 38, 1-9.
- Kanuha, V. (1994). Women of Color in Battering Relationships. In L. Comas-Diaz & B. Greene (Eds.), *Women of Color: Integrating Ethnic and Gender Identities in Psychotherapy* (pp. 428-454). New York: Guilford Press.
- Karmen, A. (2006). *Crime Victims: An Introduction to Victimology*. (6th ed.). Belmont, CA: Thomson & Wadsworth, Inc.
- Kaukinen, C. (2004). The Help-Seeking Strategies of Female Violent-Crime Victims. *Journal of Interpersonal Violence*, 19, 967-990.

- Keilty, J., & Connelly, G. (2001). Making a Statement: An Exploratory Study of Barriers Facing Women With an Intellectual Disability When Making a Statement About Sexual Assault To Police. *Disability & Society*, 16, 273-291.
- Kimerling, R., Rellini, A., Kelly, V., Judson, P.L., & Learman, L.A. (2002). Gender Differences in Victim and Crime Characteristics of Sexual Assaults. *Journal of Interpersonal Violence*, 17, 526-532.
- King, D.K. (1998). Multiple Jeopardy, Multiple Consciousness: The Context of a Black Feminist Ideology. *Signs: Journal of Women in Culture and Society*, 14, 12-72.
- Koss, M.P. (1988). Hidden Rape: Sexual Aggression and Victimization in a National Sample of Students in Higher Education. In A.W. Burgess (Ed.), *Rape and Sexual Assault II: A Research Handbook* (pp. 3-25). New York: Garland.
- Krahé, B., Schiitze, S., Fritsche, I., & Waizenhöfer, E. (2000). The Prevalence of Sexual Aggression and Victimization Among Homosexual Men. *The Journal of Sex Research*, 37, 142-150.
- Kvam, M.H. (2000). Is Sexual Abuse of Children with Disabilities Disclosed? A Retrospective Analysis of Child Disability and the Likelihood of Sexual Abuse Among Those Attending Norwegian Hospitals. *Child Abuse & Neglect*, 24, 1073-1084.
- Lachs, M., Bachman, R., Williams, C., Kossack, A., Bove, C., & O'Leary, J. (2004). Older Adults as Crime Victims, Perpetrators, Witnesses, and Complainants: A Population-Based Study of Police Interactions. *Journal of Elder Abuse & Neglect*, 16, 25-40.
- Laumann, E.O., Gagnon, J.H., Michael, R.T., & Michaels, S. (1994). *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.
- Lee, M.Y., & Law, P.F.M. (2001). Perception of Sexual Violence Against Women in Asian American Communities. *Journal of Ethnic & Cultural Diversity in Social Work*, 10, 3-25.
- Lefley, H. P., Scott, C. S., Llabre, M., & Hicks, D. (1993). Cultural Beliefs About Rape and Victims' Response In Three Ethnic Groups. *American Journal of Orthopsychiatry*, 63, 623-632.
- Lehrer, E. (2001). Hell Behind Bars: The Crime That Dares Not Speak Its Name. *The National Review*, 53, 6-24.
- Leuchtag, A. (2003). Human Rights, Sex Trafficking, and Prostitution. *The Humanist*, 10-15.

- Levy, H., & Packman, W. (2004). Sexual Abuse Prevention for Individuals With Mental Retardation: Considerations For Genetic Counselors. *Journal of Genetic Counseling*, 13, 189-205.
- Liao, M. S. (2006). Domestic Violence Among Asian Indian Immigrant Women: Risk Factors, Acculturation, and Intervention. *Women & Therapy*, 29, 23-39.
- Lipman-Bluman, J. (1984). *Gender Roles and Power*. Englewood Cliffs, NJ: Prentice Hall.
- Lockwood, D. (1978). *Sexual Aggression Among Male Prisoners*. Ann Arbor, MI: University of Microfilms International.
- Longo, R.E. (1981). Sexual Assault of Handicapped Individuals. *Journal of Rehabilitation, American Academy of Pediatrics*, July-September, 47, 7-24.
- Lombardi, E.L., Wichins, R.A., Priesing, D., & Malouf, D. (2001). Gender Violence: Transgender Experiences with Violence and Discrimination. *Journal of Homosexuality*, 42, 89-101.
- Lumley, V.A., & Miltenberger, R.G. (1997). Sexual Abuse Prevention for Persons With Mental Retardation. *American Journal on Mental Retardation*, 101, 459-472.
- Lumley, V.A., & Miltenberger, R.G., Long, E.S., Rapp, J.T., & Roberts, J.A. (1998). Evaluation of a Sexual Abuse Prevention Program for Adults With Mental Retardation. *Journal of Applied Behavior Analysis*, 31, 91-101.
- MacKinnon, K (1983). Feminism, Marxism, Method, and the State: Toward a Feminist Jurisprudence. *Signs*, 8, 635-658.
- Manavi: A New Jersey based women's rights organization. (n.d.). Retrieved on August 4, 2007, from <http://www.manavi.org/index.php>.
- Mariner, J. (2001). *No Escape: Male Rape in U.S. Prisons*. New York: Human Rights Watch.
- Marge, D. K. (2003). *A Call to Action: Ending Crimes of Violence Against Children and Adults With Disabilities*. SUNY Upstate Medical University, 1-242.
- Marshall C.E., Benton D., & Brazier J.M. (2000). Elder Abuse: Using Clinical Tools to Identify Clues of Mistreatment. *Geriatrics*, 55, 42-44, 47-50.
- McCabe, M.P., Cummins, R.A., & Reid, S.B. (1994). An Empirical Study of the Sexual Abuse of People With Intellectual Disability. *Sexuality and Disability*, 12, 297-306.
- Menjívar, C., & Salcido, O. (2002). Immigrant Women and Domestic Violence: Common Experiences in Different Countries. *Gender & Society*, 16, 898-920.

- Merchant, M. (2000). A Comparative Study of Agencies Assisting Domestic Violence Victims: Does the South Asian Community Have Special Needs? *Journal of Social Distress and the Homeless*, 9, 249-259.
- Mezey, G., & King, M. (1989). The Effects of Sexual Assault on Men: A Survey of 22 Victims. *Psychological Medicine*, 19, 205-209.
- Miko, F. (2006). Congressional Research Service (CRS) for Congress. Order Code RL30545. Trafficking in Persons: The U.S. and International Response. Retrieved June 23, 2008, from <http://www.usembassy.it/pdf/other/RL30545.pdf>.
- Miko, F. & Park, G. (2003). Trafficking in Women and Children: The U.S. and International Response. Retrieved February 8, 2007, from http://www.openers.cdt.org/rpts/RL30545_20030306.pdf.
- Miller, J. (2006). Global Prostitution, Sex Tourism, and Trafficking. In C.M. Renzetti, L. Goodstein, S.L. Miller (eds.), *Rethinking Gender Crime and Justice: Feminist Readings* (pp.139-154). Los Angeles, CA: Roxbury Publishing.
- Miltenberger, R.G., Roberts, J.A., Ellingson, S., & Galensky, T. (1999). Training and Generalization of Sexual Abuse Prevention Skills for Women With Mental Retardation. *Journal of Applied Behavior Analysis*, 32, 385-388.
- Mitchell, D., Hirschman, R., & Hall, G. (1999). Attributions of Victim Responsibility, Pleasure, and Trauma in Male Rape. *The Journal of Sex Research*, 36, 369-373.
- Morash, M., Bui, H., Zhang, Y., & Holtfreter, K. (2007). Risk Factors for Abusive Relationships: A Study of Vietnamese American Immigrant Women. *Violence Against Women*, 13, 653-675.
- Munson, M. (2006). Practical Tips for Working with Transgender Survivors of Sexual Violence. Retrieved on June 21, 2007, from <http://new.vawnet.org/category/Documents.php?docid=941>.
- Nacci, P.L., & Kane, T.R. (1983). The Incidence of Sex and Sexual Aggression in Federal Prisons. *Federal Probation*, 47, 31-36.
- Nacci, P.L., & Kane, T.R. (1984). Inmate Sexual Aggression: Some Evolving Propositions, Empirical Findings, and Mitigating Counter-Forces. *Federal Probation*, 48, 1-20.
- National Center on Elder Abuse. (March 2007). Elder Sexual Abuse: An Update of the Literature. Retrieved on April 20, 2007, from http://www.ncea.aoa.gov/NCEAroot/Main_Site/Library/CANE/CANE_Series/CANE_ESAUpdate2007.aspx. Last modified on September 26, 2007.

- National Center on Elder Abuse. (1998). The National Elder Abuse Incidence Study: Final Report. Retrieved April 20, 2007, from http://www.aoa.gov/eldfam/Elder_Rights/Elder_Abuse/ABuseReport_Full.pdf.
- National Center for the Victims of Crime. (n.d). Male rape. Retrieved May 19, 2008, from <http://www.ncvc.org/ncvc/main.aspx?dbName=DocumentViewer&DocumentAction=ViewProperties&DocumentID=32361&UrlToReturn=http%3a%2f%2fwww.ncvc.org%2fncvc%2fmain.aspx%3fdbName%3dAdvancedSearch>.
- National Coalition of Anti-Violence Programs. (2007). Anti-Lesbian, Gay, Bisexual, and Transgender Violence in 2006: A Report of the National Coalition of Anti-Violence Programs. Retrieved July 16, 2007, from http://www.ncavp.org/common/document_files/Reports/2006NtlHVReportExecSumm.pdf.
- National Native American Law Enforcement Association. (2007). Impact of Sex Offender Registration on Tribes. Newsletter, 15. Retrieved August 17, 2007, from http://www.nnalea.org/newsletters/NNALEA_News_Spring_07_final.pdf.
- NJSA52:270-1 to 16, Chapter 239. (1977). Enabling Legislation for the Office of the Ombudsman for the Institutionalized Elderly.
- Nosek, M., Hughes, R., Taylor, H., & Howland, C. (2004). Violence Against Women with Disabilities: The Role of Physicians in Filling in the Treatment Gap. S.L. Welner & F. Haseltine (Eds.) Welner's Guide to Care of Women With Disabilities. (pp. 333-345). Philadelphia, PA: Lippincott, Williams & Wilkins.
- Nosek, M., Foley, C., Hughes, R., & Howland, C. (2001). Vulnerabilities For Abuse Among Women With Disabilities. *Sexuality and Disability*, 19, 177-189.
- O'Connor, M. & Healy, G. (2006). The Links Between Prostitution and Sex Trafficking: A Briefing Handbook. Retrieved February 8, 2007, from <http://www.humantrafficking.org/publications/401>.
- Obinna, J., Krueger, S., Osterbaan, C., Sadusky, J.M., & DeVore, W. (2005). Understanding the Needs of the Victims of Sexual Assault in the Deaf Community. Washington, D.C.: U.S. Department of Justice and the Council on Crime and Justice.
- Olkin, R. (1999). What Psychotherapists Should Know About Disability. New York, NY: The Guilford Press.
- O'Neill Richard, A. (1999). International Trafficking in Women to the United States: A Contemporary Manifestation of Slavery and Organized Crime. Retrieved June 2, 2008, from <https://www.cia.gov/library/center-for-the-study-of-intelligence/csi-publications/books-and-monographs/trafficking.pdf>.

- Oversight Hearing on Law Enforcement in Indian Country: Hearing before the United States Senate Committee on Indian Affairs, 110th Cong. (2007). (Testimony of Joe A. Garcia). Retrieved July 16, 2007, from <http://indian.senate.gov/public/ files/Garcia.pdf>.
- Pan-American Health Organization. (2001). Trafficking for Sexual Exploitation. Retrieved February 22, 2007, from <http://www.paho.org/English/AD/GE/trafficking.pdf>.
- Parker, T., & Abramson, P.R. (1995). The Law Hath Not Been Dead: Protecting Adults With Mental Retardation From Sexual Abuse and Violation of Their Sexual Freedom. *Mental Retardation*, 33, 257-263.
- Pence, E., & Paymar, M. (1993). *Education Groups For Men Who Batter: The Duluth Model*. New York: Springer.
- Petersilia, J. (2000). Invisible Victims: Violence Against Persons with Developmental Disabilities. *Human Rights*, 27, 9-13.
- Petersilia, J. (2001). Crime Victims with Developmental Disabilities: A Review Essay. *Criminal Justice and Behavior*, 28, 655-694.
- Petersilia, J., Foote., & Crowell, N. (2001). *Crime Victims with Developmental Disabilities: Report of a Workshop*. Washington, D.C.: National Research Council.
- PEW Institute. (2008). One in 100: Behind Bars in America 2008. Retrieved June 30, 2008, from http://www.pewcenteronthestates.org/uploadedFiles/8015PCTS_Prison08_FINAL_2-1-1_FORWEB.pdf.
- Pleck, E. (1983). Challenges to Traditional Authority in Immigrant Families. In M. Gordon (Ed.), *The American Family in Social-Historical Perspective* (pp. 504-517). New York: St. Martin's Press.
- P.L. 109-248. (2006). 120 Stat.. 587. Adam Walsh Child Protection and Safety Act of 2006. Retrieved June 14, 2008, from [http://www.atg.wa.gov/uploadedFiles/Another/Office_Initiatives/Adam%20Walsh%20Act%20\(HR%204472\).pdf](http://www.atg.wa.gov/uploadedFiles/Another/Office_Initiatives/Adam%20Walsh%20Act%20(HR%204472).pdf).
- P.L. 105-301. (1998). Crime Victims With Disabilities Awareness Act. Retrieved June 30, 2008, from http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=105_cong_public_laws&docid=f:publ301.105.
- Prison Rape Elimination Act of 2003. (2003). Public Law 108-79. Retrieved May 28, 2008, from <http://ojjdp.icjrs.org/about/PubLNo108-79.txt>.

- Pueschel, S.M., & Scola, F.H. (1987). Epidemiologic, Radiographic and Clinical Studies of Alantoaxial: Instability in Individuals with Down Syndrome. *Pediatrics*, 80, 555-560.
- Raj, A., & Silverman, J. (2002a). Violence Against Immigrant Women: The Roles of Culture, Context, and Legal Immigrant Status on Intimate Partner Violence. *Violence Against Women*, 8, 367-398.
- Raj, A., & Silverman, J. (2002b). Intimate Partner Violence Against South Asian Women Residing in Greater Boston. *Journal of the American Medical Women's Association*, 57, 111-114.
- Ramsey-Klawnsnik, H. (1991). Elder Sexual Abuse: Preliminary Findings. *Journal of Elder Abuse & Neglect*, 3, 73-90.
- Ramsey-Klawnsnik, H., Teaster, P., Mendiondo, M., Abner, E., Cecil, K., & Tooms, M. (2007). Sexual Abuse of Vulnerable Adults in Care Facilities: Clinical Findings and a Research Initiative. *Journal of the American Psychiatric Nurses Association*, 12, 3332-3339.
- Ristock, J.L. (2002). *No More Secrets: Violence in Lesbian Relationships*. New York, NY: Routledge Press.
- Roberto, K.A., & Teaster, P.B. (2005). Sexual Abuse of Vulnerable Young and Old Women: A Comparative Analysis of Circumstances and Outcomes. *Violence Against Women*, 11, 473-506.
- Roehrer Institute. (1994). *Violence and People with Disabilities: A Review of the Literature*. Ottawa, ON: National Clearinghouse on Family Violence.
- Rogers, L. (1999). *Successful Prosecution When the Sexual Assault Victim is Mentally Impaired*. Alexandria, VA: American Prosecutors Research Institute.
- Rudin, M., Zalewski, C., & Bodmer-Turner, J. (1995). Characteristics of Child Sexual Abuse Victims According to Perpetrator Gender. *Child Abuse and Neglect*, 19, 963-974.
- Ryan, C., & Rivers, I. (2003). Lesbian, Gay, Bisexual, and Transgender Youth: Victimization and its Correlates in the USA and UK. *Culture, Health, & Sexuality*, 5, 103-119.
- Sabol, W.J., & Couture, H. (2008). Prison Inmates at Midyear 2007. Retrieved June 30, 2008, from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, <http://www.ojp.usdoj.gov/bjs/pub/pdf/pim07.pdf>.
- Sabol, W.J., & Minton, T.D. (2008). Jail Inmates at Midyear 2007. Retrieved June 30, 2008, from U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics, <http://www.ojp.usdoj.gov/bjs/pub/pdf/jim07.pdf>.

- SAGE. (n.d.). Issue Paper: Who Is Involved In Systems of Prostitution? Retrieved May 23, 2008, from http://www.sagesf.org/html/info_briefs_who.htm. Last viewed on May 29, 2008.
- Salcido, O. (2000). The Wilson Community Project: Assessing Domestic Violence Issues. Tempe: Building Greater Communities Project, Arizona State University.
- Salter, A. (2003). Predators: Pedophiles, Rapists, and Other Sex Offenders. New York, NY: Basic Books.
- Scacco, A. (1975). Rape in Prison. Springfield, IL: Charles C. Thomas.
- Scarce, M. (1997). Same-Sex Rape of Male College Students. *Journal of American College Health*, 45, 171-173.
- Schneider, M., Bockting, W.O., Ehrbar, R.D., Lawrence, A.A., Rachlin, K.L., & Zucker, K.J. (2007). Answers to Your Questions About Transgender Individuals and Gender Identity. Retrieved July 9, 2007, from <http://apa.org/topics/transgender.html>.
- Schor, D. (1987). Sex and Sexual Abuse in Developmentally Disabled Adolescents. *Seminars in Adolescent Medicine*, 3, 1-7.
- Seibert, S. (2006). Challenging Gender Roles to Better Serve LGBT Sexual Assault Victims. Retrieved June 21, 2007, from <http://www.wcasa.org/docs/ConnectionsLGBT.pdf>.
- Selling, L. (1931). The Pseudo-Family. *American Journal of Sociology*, 37, 247-253.
- Sells, D., Rowe, M, Fisk, D., & Davidson, L. (2003). Violent Victimization of Persons With Co-occurring Psychiatric and Substance Use Disorders. *Psychiatric Services*, 54, 1253–1257.
- Sequeira, H., & Hollins, S. (2003). Clinical Effects of Sexual Abuse on People With Learning Disability. *British Journal of Psychiatry*, 182, 13-19.
- Shigekane, R. (2007). Rehabilitation and Community Integration of Trafficking Survivors in the United States. *Human Rights Quarterly*, 29, 112-136.
- Sloan, L. & Edmond, T. (1996). Shifting the Focus: Recognizing the Needs of Lesbian and Gay Survivors of Sexual Violence. *Journal of Gay & Lesbian Social Services*, 5, 33-52.
- Smith, R.E., Pine, C.J., & Hawley, M.E. (1988). Social Cognitions About Adult Male Victims of Female Sexual Assault. *The Journal of Sex Research*, 24, 101-112.
- Snyder, H.N. (2000). Sexual Assault of Young Children as Reported to Law Enforcement: Victim, Incident, and Offender Characteristics. Bureau of Justice Statistics, 1-14. Retrieved June 2, 2008, from <http://www.ojp.usdoj.gov/bjs/pub/pdf/saycrle.pdf>

- Sobsey, D. (1994). *Violence and Abuse in the Lives of People with Disabilities: The End of Silent Acceptance?* Baltimore, MD: Paul H. Brookes Publishing Co.
- Sobsey, D., Wade, R., & Rauno, P. (1997). Gender Differences in Abused Children With and Without Disabilities. *Child Abuse and Neglect*, 21, 707-720.
- Starchild, A. (1990). Rape of Youth in Prisons and Juvenile Facilities. *The Journal of Psychohistory*, 18, 145-150.
- Statutory Provisions: Types of Abuse Defined In States Adult Protective Service Statutes. (2005). National Association on Elder Abuse: American Bar Association Commission on Law and Aging, Westlaw, Westgroup.
- Stimpson, L., & Best, M.C. (1991). *Courage Above All: Sexual Assault Against Women With Disabilities*. Toronto, ON: Disabled Women's Network.
- Stop Prisoner Rape. (n.d.). The Basics on Rape Behind Bars. Retrieved May 28, 2008, from Stop Prisoner Rape, Fact Sheets <http://www.spr.org/en/factsheets/basics.asp>.
- Stop Prisoner Rape. (2005). Government Prisoner Rape Report Findings Represent the Tip of the Iceberg. Retrieved August 29, 2005, from Stop Prisoner Rape, Press Release http://www.spr.org/en/pressreleases/2005/08_01_05.asp.
- Stop the Violence Against Women. (2006). Health Consequence of Sexual Assault. Retrieved on August 3, 2007, from http://www.stopvaw.org/Health_Consequences_of_Sexual_Assault.html.
- Stromsness, M.M. (1993). Sexually Abused Women With Mental Retardation: Hidden Victims, Absent Resources. *Women and Therapy*, 14, 139-152.
- Struckman-Johnson, C., & Struckman-Johnson, D. (2002). Sexual Coercion Reported by Women in Three Midwestern Prisons. *The Journal of Sex Research*, 39, 217-227.
- Struckman-Johnson, C., & Struckman-Johnson, D. (2000). Sexual Coercion Rates in Seven Midwestern Facilities for Men. *The Prison Journal*, 80, 379-390.
- Struckman-Johnson, C., Struckman-Johnson, D., Rucker, L., Bumby, K., & Donaldson, S. (1996). Sexual Coercion Reported by Men and Women in Prison. *The Journal of Sex Research*, 33, 67-76.
- Sullivan, P.M., Vernon, M., & Scanlan, L. (1987). Sexual Abuse of Deaf Youth. *American Annals of the Deaf*, 32, 256-262.

- Tharinger, D., Burrows Horton, C., & Millea, S. (1990). Sexual Abuse and Exploitation of Children and Adults with Mental Retardation and Other Handicaps. *Child Abuse and Neglect*, 14, 301-312.
- Teaster, P.B., Dugar, T.A., Mendiondo, M.S., Abner, E.L., Cecil, K.A., & Otto, J.M. (2006). *The 2004 Survey of State Adult Protective Services: Abuse of Adults Aged 60 and Over*. Lexington, KY & Boulder, CO: The National Committee for the Prevention of Elder Abuse & The National Adult Protective Services Association.
- Terry, K.J. (2006). *Sexual Offenses and Offenders: Theory, Practice, and Policy*. Belmont, CA: Thomson Wadsworth
- Tjaden, P., & Thoennes, N. (2000). *Full Report of the Prevalence, Incidence, and Consequences of Violence Against Women: Findings from the National Violence Against Women Survey*. Washington, D.C., National Institute of Justice.
- Turner, S. (2000). *Surviving Sexual Assault and Sexual Torture*. In G. Mezey, & M. King (Eds.), *Male Victims of Sexual Assault* (2nd ed.). Oxford: Oxford University Press.
- Tyiska, C. (1998). *Working with Victims of Crime with Disabilities*. Washington, D.C.: U.S. Department of Justice, Office for Victims of Crime.
- Uniform Crime Reports. (2006a). Table 29, Estimated Number of Arrests, United States, 2005. Retrieved May 25, 2008, from http://www.fbi.gov/ucr/05cius/data/table_29.html. Washington, D.C.: United States Department of Justice.
- Uniform Crime Reports. (2006b). Table 33, Ten-Year Arrest Trends by Sex, 1995-2005. Retrieved May 25, 2008, from http://www.fbi.gov/ucr/05cius/data/table_33.html. Washington, D.C. United States Department of Justice.
- United Nations. (2000). *The Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, Supplementing the United Nations Convention Against Transnational Organized Crime*. Retrieved June 18, 2008, from http://www.uncjin.org/Documents/Conventions/dcatoc/final_documents_2/convention_%20traff_eng.pdf.
- _____. (2006). *Fact Sheet on Human Trafficking*. Retrieved February 5, 2007, from http://www.unodc/en/trafficking_victim_consents.html.
- United States Census Bureau. (2004). *U.S. Interim Projections by Age, Sex, Race and Hispanic Origin. Table 1a. Projected Population of the United States, by Race and Hispanic Origin*. Retrieved June 27, 2008, from <http://www.census.gov/ipc/www/usinterimproj/natprojtab01a.pdf>.
- United States Department of Justice. (2006). Attorney General Alberto R. Gonzales

- Announces Enhanced Programs to Combat Human Trafficking; National Conference Focuses on Victim Issues and Law Enforcement Solutions. Federal Information and News Dispatch. Retrieved February 5, 2007 from LexisNexis database.
Retrieved February 5, 2007 from LexisNexis database.
- United States Department of State. (2005). Rescuing Victims of Modern-Day Slavery. Retrieved February 8, 2007, from <http://www.state.gov/g/tip/rls/fs/2005/55233.html>.
- _____. (2004). Trafficking in Persons Report. Retrieved June 24, 2008, from <http://www.state.gov/g/tip/rls/tiprpt/2004/34021.htm> .
- Valenti-Hein, D. (2002). Use of Visual Tools to Report Sexual Abuse for Adults With Mental Retardation. *Mental Retardation*, 40, 297-303.
- Valera, R.J., Sawyer, R.G., Schiraldi, G.R. (2001). Perceived Health Needs of Inner City Street Prostitutes: A Preliminary Study. *American Journal of Health Behavior*, 25, 50-59.
- Wahab, S. (2004). Tricks of the Trade. *Qualitative Social Work*, 3, 139-160.
- Waldner-Haugrud, L.K. & Vaden Gratch, L. (1997). Sexual Coercion in Gay/Lesbian Relationships: Descriptives and Gender Differences. *Violence and Victims*, 12, 87-98.
- Walker, J., Archer, J., & Davies, M. (2005). Effects of Rape on Men: A Descriptive Analysis. *Archives of Sexual Behavior*, 34, 69-80.
- Walker, L. (1995). Racism and Violence Against Women. In J. Adleman & G.M. Enguidano (Eds.), *Racism in the Lives of Women: Testimony, Theory, and Guides to Antiracist practice* (pp. 239-250). New York: Haworth.
- Washington, P.A. (2001). Disclosure Patterns of Black Female Sexual Assault Survivors. *Violence Against Women*, 7, 1254-1283.
- Watkins, B., & Bentovin, A. (2000). Male Children and Adolescents as Victims: A Review of Current Knowledge, in G.C. Mezey & M.B. King (eds), *Male Victims of Sexual Assault*, (2nd ed.). Oxford: Oxford University Press.
- Weitzer, R. (1999). Prostitution in America: Rethinking Public Policy. *Crime Law and Social Change*. 32, 83-102.
- West, B., Gandhi, S., & Palermo, D.G. (2007). Defining Abuse: A Study of the Perceptions of People with Disabilities Regarding Abuse Directed at People with Disabilities. *Disability Studies Quarterly*, 27(4).

- West, B., & Gandhi, S. (2006). Reporting Abuse: A Study of the Perceptions of People with Disabilities (PWD) Regarding Abuse Directed at PWD. *Disability Studies Quarterly*, 26(1).
- West, C.M. (2007). Partner Violence in Ethnic Minority Families. Retrieved August 14, 2007, from USAF and NNFR Partner Violence, http://www.agnr.umd.edu/nnfr/research/pv/pv_ch7.html.
- Willing, J.P., Bower, C.M., & Cotton, R.T. (1992). Physical Abuse of Children: A Retrospective Review and Otolaryngology Perspective. *Archives of Otolaryngology and Head and Neck Surgery*, 118, 584-590.
- Wiwanitkit, V. J. (2005). Male Rape, Some Notes on the Laboratory Investigation. *Sexuality and Disability*, 23, 41-46.
- Wolff, N., Blitz, C.L., Shi, J., Bachman, R., & Siegel, J.A. (2006). Sexual Violence Inside Prisons: Rates of Victimization. *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 83, 835-848.
- Womendez, C., & Schneiderman, K. (1991). Escaping From Abuse: Unique Issues For Women With Disabilities. *Sex and Disability*, 9, 273-280.
- WorldRevolution.org. (n.d.). Factsheet on Human Trafficking. UN Office on Drug and Crime. Retrieved June 19, 2008 from <http://www.worldrevolution.org/Projects/Webguide/GuideArticle.asp?ID=1446>.
- Yeager, J.C., & Fogel, J. (2006). Male Disclosure of Sexual Abuse and Rape. *Medscape*, 6(1). *Topics in Advanced Practice Nursing eJournal*. Retrieved July 5, 2006.
- Yick, A. G., & Agbayani-Siewert, P. (1997). Perceptions of Domestic Violence in a Chinese American Community. *Journal of Interpersonal Violence*, 12, 832-846.
- Young, V. D. (1986). Gender Expectations and Their Impact on Black Female Offenders and Victims. *Justice Quarterly*, 3, 305-327.
- Young, M. E., Nosek, M., Howland, C., Changpong, G., & Rintala, D. (1997). Prevalence of Abuse With Women With Physical Disabilities. *Archives of Physical Medicine and Rehabilitation*, 78, 534-538.